

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90144 038 \*\*\*\*70.00

**DOCUMENT # N94000001123**

1. Entity Name

**HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER, INC.**



Principal Place of Business

**1591 KIRK RD.  
WEST PALM BEACH FL 33406**

Mailing Address

**1591 KIRK RD.  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0734977**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREZHEN, REV. MICHAEL A  
9311 YEARLING  
LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rev Michael A. Brezhen Pres. CEO*

*1/8/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **BREZHEN, REV. MICHAEL**  
STREET ADDRESS **9311 YEARLING**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **Vice Pres.** ☐ Change ☒ Addition  
NAME **Martin Harnish**  
STREET ADDRESS **2285 Edgewater**  
CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **DV** ☐ Delete  
NAME **ROBINSON, JAMES**  
STREET ADDRESS **2481 VILLAGE BLVD #105**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Audrey Blobaum**  
STREET ADDRESS **6034 Forest Hill Blvd.**  
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE **DS** ☐ Delete  
NAME **HANSEN, DORIS**  
STREET ADDRESS **2357 CAROMA LN**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **Subsided Housing** ☒ Change ☐ Addition  
NAME **Robinson, James**  
STREET ADDRESS **332 SW Lake Forest Way**  
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rev Michael A. Brezhen Pres. CEO 1/8/03 561 965-4622*

CR2E037 (10/02)