


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90060 020 ****61.25

DOCUMENT # N03000006774 1. Entity Name ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.		
Principal Place of Business 218B N. APOPKA AVE. INVERNESS, FL 34450		Mailing Address 218B N. APOPKA AVE. INVERNESS, FL 34450
2. Principal Place of Business <i>1277 N. Paul Dr.</i> Suite, Apt. #, etc.	3. Mailing Address P.O. Box 291 Suite, Apt. #, etc.	
City & State <i>INVERNESS, FL</i>	City & State Inverness FL	4. FEI Number <i>04-3771260</i>
Zip <i>34453</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SERRA, LEONILDO 218B N. APOPKA AVE. INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name <i>Stevens, Mark Rev.</i> Street Address (P.O. Box Number is Not Acceptable) <i>4589 Redmond Place</i> City <i>Sanford</i> FL Zip Code <i>32771</i>
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 <i>X Mark A. Stevens</i> <i>Rev. Mark A. Stevens</i> <i>01-19-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D <input type="checkbox"/> Delete NAME KINLEY, NANCY STREET ADDRESS 2912 N. KITTELY PT. CITY-ST-ZIP HERNANDO, FL 34442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME LABOSKY, LINDA STREET ADDRESS 19875 SW 93RD LANE CITY-ST-ZIP DUNNELLON, FL 34432	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME BRENNAN, JAMES STREET ADDRESS 1139 E. MCKINLEY ST. CITY-ST-ZIP HERNANDO, FL 34442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P <input type="checkbox"/> Delete NAME STEVENS, MARK REV. STREET ADDRESS 4589 REDMOND PLACE CITY-ST-ZIP SANFORD, FL 32771	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME LICHATZ, DOLORES Y STREET ADDRESS 9786 SW 196TH CIRCLE CITY-ST-ZIP DUNNELLON, FL 34432	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME SERRA, LEONILDO STREET ADDRESS 4671 HUNTWOOD PT. CITY-ST-ZIP BEVERLY HILLS, FL 34464	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>X Mark A. Stevens</i> <i>Rev. Mark A. Stevens</i>		Date <i>01-19-04</i> Dayline Phone # <i>407-688-2744</i>