


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2005 8:00 am**  
**Secretary of State**

06-28-2005 90001 001 \*\*\*\*61.25

**DOCUMENT # N03000006774**

1. Entity Name  
**ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.**



Principal Place of Business  
 1277 N. PAUL DR.  
 INVERNESS, FL 34453

Mailing Address  
 PO BOX 291  
 INVERNESS, FL 34451



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 11**  
 Suite, Apt. #, etc.

06212005 Chg-NP CR2E037 (10/03)

City & State  
**Hernando FL**

4. FEI Number  
**04-3771260**

Applied For  
 Not Applicable

Zip  
**34442-0011**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, MARK REV**  
**4589 REDMOND PLACE**  
**SANFORD, FL 32771**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KINLEY, NANCY	
STREET ADDRESS	2912 N. KITTELY PT.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LABOSKY, LINDA	
STREET ADDRESS	19875 SW 93RD LANE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRENNAN, JAMES	
STREET ADDRESS	1139 E. MCKINLEY ST.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS, MARK REV.	
STREET ADDRESS	4589 REDMOND PLACE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	LICHATZ, DOLORES Y	
STREET ADDRESS	9786 SW 196TH CIRCLE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SERRA, LEONILDO	
STREET ADDRESS	4671 HUNTWOOD PT.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34464	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chelovitz, Milo E.	
STREET ADDRESS	3193 W. Wentworth Loop	
CITY-ST-ZIP	Lecanto FL 34461	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hildebrandt, Mary Ann	
STREET ADDRESS	1741 W. Pine Ridge Blvd.	
CITY-ST-ZIP	Beverly Hills FL 34465	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skowronek, Ellen K.	
STREET ADDRESS	9808 SW 195th Circle	
CITY-ST-ZIP	Dunnellon FL 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** Dolores Y Lichatz **Dolores Y Lichatz** **06-26-05** **352-465-4752**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #