


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90076 045 ****70.00

DOCUMENT # N03000006774		
1. Entity Name ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.		
Principal Place of Business 1277 N. PAUL DR. INVERNESS FL 34453 US		Mailing Address P.O. BOX 11 HERNANDO FL 34442-0011 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1277 N. PAUL DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State INVERNESS, FL
Zip	Country	4. FEI Number 04-3771260
34453	US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINLEY, NANCY 2912 N. KITTELY PT. HERNANDO FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBIN KAIMER 712 BELDON COURT THE VILLAGES FL 32162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CHELOVITZ, MILO E 3193 WEST WENTWORTH LOOP LECANTO FL 34461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BORICK, PATRICIA 3472 N EISENHOWER AVENUE HERNANDO FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL BESSERMAN 890 LADSON LOOP THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STEVENS, MARK REV. 4589 REDMOND PLACE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REV DAVID BALMER 1334 S. ALTO VERDE TRACE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete LICHATZ, DOLORES Y 9786 SW 196TH CIRCLE DUNNELLON FL 34432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SKOWRONEK, ELLEN K 9808 SOUTHWEST 195TH CIRCLE DUNNELLON FL 34432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 affidavit, with all other like empowered.

SIGNATURE:  **MILO E. CHELOVITZ** Date: **4.30.07** Daytime Phone #: **352-746-4428**