


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 001 \*\*\*\*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  
**1277 N. PAUL DRIVE  
 INVERNESS, FL 34453 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04102008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**04-3771260**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**STEVENS, MARK REV  
 4589 REDMOND PLACE  
 SANFORD, FL 32771**

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

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 May 1, 2008**

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	T	<input type="checkbox"/> Delete
NAME	CHELOVITZ, MILO E	
STREET ADDRESS	3193 WEST WENTWORTH LOOP	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	S	<input type="checkbox"/> Delete
NAME	BORICK, PATRICIA	
STREET ADDRESS	3472 N EISENHOWER AVENUE	
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 checked="" type="checkbox"/> Delete
NAME	KAIMER, ALBIN	
STREET ADDRESS	718 BELDIN CT	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	P	<input type="checkbox"/> Delete
NAME	BESSERMAN, PAUL	
STREET ADDRESS	890 LADSON LOOP	
CITY-ST-ZIP	THE VILLAGES, FL 32162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN HILDEBRANDT	
STREET ADDRESS	1741 W. PINE RIDGE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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 exemptions contained in Chapter 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 to this report, with all other like empowered.

**SIGNATURE:**  **MILO E. CHELOVITZ** **4.15.08** **352-746-4428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #