

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N93000003125

Entity Name: ST. ANNE ROMANIAN ORTHODOX MISSION INCORPORATED

Current Principal Place of Business:

1875 LIVE OAK DR
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

1875 LIVE OAK DR
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3198530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. ANNA ORTHODOX MISSION
1875 LIVE OAK DR
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONDOROTEANU, OCTAVIAN
Address: 14004 TOMAKA RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: MARINESCU, CORNELIA
Address: 2167 SPANISH BLUFF DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: ANDREI, DAN
Address: 5134 DAMASCUS RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: BALESCU, ADRIAN
Address: 2102 ARDENCROFT DR
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BULZ, DOREL
Address: 1746 PALM LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD (X) Change () Addition
Name: TUDORACHE, GHEORGHE
Address: 3619 PONCE DE LEON
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREL BULZ

PD

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date