

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90423 022 ****61.25

DOCUMENT # N93000003125
1. Entity Name
ST. ANNE ROMANIAN ORTHODOX MISSION INCORPORATED



Principal Place of Business
**1875 LIVE OAK DR
JACKSONVILLE FL 32246
US**

Mailing Address
**1875 LIVE OAK DR
JACKSONVILLE FL 32246
US**

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

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

City & State

Zip Country Zip Country

4. FEI Number **59-3198530**
Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **CONDOROTEANU, OCTAVIAN**
STREET ADDRESS **14004 TOMAKARD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **PD** Change Addition
NAME **CONDOROTEANU, OCTAVIAN**
STREET ADDRESS **14004 TOMAKA RD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32225**

TITLE **TD** Delete
NAME **BULZ, MARIA**
STREET ADDRESS **1417 PALM LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **TD** Change Addition
NAME **CORNELIA MARINESCU**
STREET ADDRESS **2167 SPANISH BLUFF DR.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32225**

TITLE **TD** Delete
NAME **SCRECIU, IRMA**
STREET ADDRESS **620 JOHN ADAMS ST**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** Change Addition
NAME **DAN ANDREI**
STREET ADDRESS **5134 DAMASCUS ROAD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32207**

TITLE **T** Delete
NAME **DANIVAN, VIORICA**
STREET ADDRESS **12995 SILVER SPRINGS DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **TD** Change Addition
NAME **ADRIAN BALESU**
STREET ADDRESS **2102 ARDENCROFT DR**
CITY-ST-ZIP **JACKSONVILLE, FL. 32246**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *[Signature]* **REQUIRED**

April 15/03 **338-8448**

CR2E037 (10/02)