FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra &. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CITY-ST-ZIP

N96000001467 (7)

FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM BEAC H. INC.

Principal Place of Business Mailing Address 8657 LANTANA ROAD 8657 LANTANA ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467-6262 3. Date Incorporated or Qualified 03/13/1996 3a. Date of Last Report 4. FFI Number EIN 65-06984 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country ZID Country 8. This corporation has liability for intangible tax under s. 199.032. 29 30 Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAVEL, LUNGU 82 Street Address (P.O. Box Number is Not Acceptable) **6786 ALDEN RIDGE DRIVE** 83 **BOYNTON BEACH FL 33437** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CUNGUOFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ESIDENT (PASTOR) Change Addition 1.1 TITLE 786 ALDEN LIDGE DE. 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE D TITLE 2.1 TITLE Change Addition OSTIUC ALEXA NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 33414 CITY - ST - ZIP 2. 4 CITY-ST-ZIP 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP TITLE CGMSOR/120 ADE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 3437 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if chapter, or on an attachment with an address.

FILED

Jul 14 1997 8:00am

Secretary of State