### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N9600001467

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

Principal Place of Business 8657 LANTANA ROAD LAKE WORTH FL 33467

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

8657 LANTANA ROAD LAKE WORTH FL 33467

2a. Mailing Address

26

# FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 013 \*\*\*\*61.25

403352 - 90180 - 13

3. Date Incorporated or Qualifed

03/13/1996

65-0698478

FEI Number

| 22  | ,  | 27      |                                |                 |                                   |                 | 0070090470   |               | Not             | Applicable  |  |  |
|---|--|---------|--------------------------------|-----------------|-----------------------------------|-----------------|--|---------------|-----------------|-------------|--|--|
| City & State  | е  | 28      | City & State                   | -               |                                   |                 | 5. Certificate of Status Desired   |               | \$8.75 Ac       |             |  |  |
| Zip   |  |         |                                | Count           | ountry 6. Election Campaign Finan |                 |  |               | \$5.00 N        | lav Be      |  |  |
| — ·   | <del></del>  | 29      | 30                             |                 |                                   |                 | Trust Fund Contribution  |               | Added to        |             |  |  |
| 24  | 9. Name and Address of Current   | 1       |                                |                 |                                   |                 | 10. Name and Address of New Registered Agent   |               |                 |             |  |  |
|   | 5. Name and Address of Current   | veal    | stelen Whalit                  | 8               | 31                                | Name            | The state of the s | 3             |                 | -           |  |  |
|   |  |         |                                |                 |                                   |                 |  |               |                 |             |  |  |
| PAVEL, LUNGU  |  |         |                                |                 | 32                                | Street Addr     | ess (P.O. Box Number is Not Accept   | able)         |                 |             |  |  |
| 6786 ALDEN RIDGE DRIVE  |  |         |                                |                 | _                                 |                 |  |               |                 |             |  |  |
| BOYNTON BEACH FL 33437  |  |         |                                |                 | 83                                |                 |  |               | •               |             |  |  |
|   | A company of the comp |         |                                | E               | 84                                | City            |  |               | 85 Zip C        | ode         |  |  |
|   | •  |         |                                |                 |                                   | •               |  | <u> </u>      | <u> </u>        |             |  |  |
| 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  PAVET LUNGU  Signature, typed or printed name of registered agent and title if applycable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |         |                                |                 |                                   |                 |  |               |                 |             |  |  |
| 12.   | OFFICERS AND   |         |                                | 13.             |                                   |                 | ADDITIONS/CHANGES TO OF  | FICERS AN     | D DIRECTOR      | RS IN 12    |  |  |
| TITLE   | PD   |         | ☐ DELETE                       | 1.1 TITE        | .E                                |                 |  |               | Change          | ☐ Addition  |  |  |
| NAME  | LUNGU, PAVEL   |         |                                | 1.2 NAM         | Æ                                 |                 |  |               |                 |             |  |  |
| STREET ADDRESS  | 6786 ALDEN RIDGE DR  |         |                                | 13 STR          | EET                               | ADDRESS         |  |               |                 |             |  |  |
|   |  |         |                                | 1               |                                   | ·               |  |               |                 |             |  |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL   |         |                                | 1.4 CITY-ST-ZIP |                                   |                 | 50   |               | Change          | Addition    |  |  |
| TITLE   | ,  |         | 2.2 NAME                       |                 | ·   j                             | OAN ACHIM       |  | <u>.</u>      | <i>p</i>        |             |  |  |
| NAME  | COSTIUC, ALEXANDRU   |         | 2.3 STREET ADDRESS 7           |                 | <del></del>                       | 700 00 10 10110 | OT C   | 200           | ł               |             |  |  |
| STREET ADDRESS  | 13752 YARMOUTH DR  | =       |                                | نتخت            |                                   |                 | AKE WORTH , FL.  | 274           |                 | <del></del> |  |  |
| CITY-ST-ZIP   | WEST PALM BEACH FL   |         |                                | 2. 4 CIT        |                                   | -ZIP            | THE WOLLH ITC.   | <u> </u>      | Change          | Addition    |  |  |
| TITLE   | T  |         | DELETE                         | 3.1 TITL        |                                   |                 | ALLIE CTAMPA   |               | A               |             |  |  |
| NAME  | MOISE, BACILA  |         | , \                            | 3.2 NAM         | _                                 | 133             | ANIEL STANCEA  | .1            | . \ \ a         |             |  |  |
| STREET ADDRESS  | 10299 BOYNTON BEACH CIRCL  | E       |                                | 3.3 STR         | EET.                              | ADDRESS 9       | 656 ARBOR ME<br>OYNTON BEACH,  | MOUL          | D / 20          |             |  |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL   |         |                                | 3.4. CIT        | Y-ST                              | r-ZIP           | OYNTON BETCH   | TC. 3         | 34 3/           |             |  |  |
| TITLE   | TC   |         | ☐ DELETE                       | 4.1 TITL        | E                                 |                 | •  |               | ☐ Change        | Addition    |  |  |
| NAME  | TIGAN, DANIEL  |         |                                | 4. 2 NAN        | ΜE                                |                 |  |               |                 |             |  |  |
| STREET ADDRESS  | 6772 ALDEN RIDGE DR  |         |                                | 4.3 STR         | EET.                              | ADDRESS         |  |               |                 |             |  |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL   |         |                                | 4.4 CITY        | Y-ST                              | -ZIP            |  |               |                 |             |  |  |
| TITLE   |  |         | DELETE                         | 5.1 TITL        | E                                 |                 |  |               | ☐ Change        | ☐ Addition  |  |  |
| NAME  |  |         |                                | 5.2 NAM         | Æ                                 |                 |  |               |                 | ŀ           |  |  |
| STREET ADDRESS  |  |         |                                | 5.3 STR         | EET                               | ADDRESS         |  |               |                 |             |  |  |
| CITY-ST-ZIP   |  |         |                                | 5.4 CITY        | Y-ST                              | -ZIP            |  |               | •               |             |  |  |
| 7ITLE   |  |         | DELETE                         | 6.1 TTTL        | E                                 |                 |  | ,             | Change          | ☐ Addition  |  |  |
| NAME  |  |         | 1                              | 6.2 NAV         | Æ                                 |                 |  |               |                 | . 1         |  |  |
|   |  |         |                                | 6.3 STR         | EET.                              | ADDRESS         |  |               |                 | 1           |  |  |
| STREET ADDRESS  |  |         |                                | 6.4 CITY        |                                   |                 |  |               |                 |             |  |  |
| CITY-ST-ZIP   | certify that the information supplied with   | thic    | filing does not qualify for th |                 |                                   |                 | Section 119 07(3)(i) Florida Statutes  | I further cer | ify that the in | formation   |  |  |
| inereby (   | certify that the information supplied with   | ı mıs ' | illing does not quality for tr | ie exem         | ibac                              | JII SIZIEU IN C | section 119.07(3)(1), Florida Statutes.  | if made unde  | rooth that I    | am an       |  |  |

il annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am al eiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in chment with an address, with all other like empowered.

**SIGNATURE:** 

Applied For-

Not Applicable