2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 26, 2004 8:00 am Secretary of State DOCUMENT # N96000001467 03-26-2004 90043 030 \*\*\*\*70.00 FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM BEACH, INC. Principal Place of Business Mailing Address 8657 LANTANA ROAD 8657 LANTANA ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address 5350 - MELALFUCA LAL 5350 MELALEUCA LN. Suite, Apt. #, etc. MOORE CR2E037 (11/03) worth LAKE WORSH City & State 4. FEI Number Applied For 65-0698478 Not Applicable Country W. P. Beech \$8.75 Additiona 5. Certificate of Status Desired WEST PALM BERG Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAVEL, LUNGU Street Address (P.O. Box Number is Not Acceptable) 6786 ALDEN RIDGE DRIVE BOYNTON BEACH FL 33437 City Zip Code 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 Signature, typed or printed name of registered and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUNGU, PAVEL NAME 6423 MARBLETREE LN STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALEXANDRU, BRAICA NAME NAME 13752 YARMOUTH DR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL. CITY-ST-ZIP CITY-ST-ZIP TD ТΙΠΕ ☐ Change ☐ Delete TITLE ☐ Addition MUSCAN, TEODOR NAME NAME STREET ADDRESS 504 S DIXIE HWY STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP VDC TITLE ☐ Delete TITLE Change ☐ Addition-ACHIM, JOHN JR NAME NAME 1040 SW AURELIA AVE STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP 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 fustee 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 suppowered.

**FILED**