INVERNESS, F				
Current Mai	ling Address:			
1277 N. PAU INVERNESS	JL DR. S, FL 34453 US			
FEI Number: 04-3771260 Certificate of S			Certificate of Status Des	ired: No
Name and A	Address of Current Registered Agent:			
PISARCHUK. T	HEODORE REV AUGUSTINE RD , FL 32258 US			
12460 OLD ST				
12460 OLD ST JACKSOVILLE	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
12460 OLD ST JACKSOVILLE	d entity submits this statement for the purpose of changing its regis THEODORE PISARCHUK	tered office or regis	tered agent, or both, in the State of Flc	orida. 04/04/2015
12460 OLD ST JACKSOVILLE		stered office or regis	tered agent, or both, in the State of Flo	
12460 OLD ST JACKSOVILLE	E: THEODORE PISARCHUK Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	04/04/2015
12460 OLD ST JACKSOVILLE The above name SIGNATURE	E: THEODORE PISARCHUK Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/04/2015
12460 OLD ST JACKSOVILLE The above name SIGNATURE Officer/Dire	E: THEODORE PISARCHUK Electronic Signature of Registered Agent Ctor Detail :			04/04/2015
12460 OLD ST JACKSOVILLE The above name SIGNATURE Officer/Dire Title	E: THEODORE PISARCHUK Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	WARDEN	04/04/2015
12460 OLD ST JACKSOVILLE The above name SIGNATURE Officer/Dire Title Name	E: THEODORE PISARCHUK Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PISARCHUK, THEODORE 1277 N. PAUL DR.	Title Name	WARDEN PERENY, STEVEN WARDEN	04/04/2015

Name

Address

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300006774

Entity Name: ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.

Current Principal Place of Business:

GOOD, JAMES

City-State-Zip: INVERNESS FL 34453

1277 N. PAUL DR.

1277 N. PAUL DR

Name

Address

I hereby 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 appe	
above, or on an attachment with all other like empowered.	ais

SIGNATURE: LINDA EVANS

SECRETARY

EVANS, LINDA

City-State-Zip: INVERNESS FL 34453

1277 N. PAUL DR.

04/04/2015

Electronic Signature of Signing Officer/Director Detail

FILED Apr 04, 2015 Secretary of State CC3041123476