

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003125

**Entity Name:** ST. ANNE ROMANIAN ORTHODOX CHURCH, INC.

**Current Principal Place of Business:**

1875 LIVE OAK DR  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1875 LIVE OAK DR  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-3198530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOLERU, STEFAN F  
13838 JEREMIAH RD  
JACKSONVILLE, FL 32224 US

*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.*

**SIGNATURE:** STEFAN STOLERU

02/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONDOROTEANU, OCTAVIAN  
Address        14004 TOMAKA RD  
City-State-Zip: JACKSONVILLE FL 32225

Title            SECRETARY  
Name            BUZATU, DANIEL  
Address        4512 RONDEAU DR  
City-State-Zip: JACKSONVILLE FL 32217

Title            PASTOR  
Name            STOLERU, STEFAN F  
Address        13838 JEREMIAH RD.  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREASURER  
Name            IVAN, DAN MARIUS  
Address        4519 ECTON LN E  
City-State-Zip: JACKSONVILLE FL 32246

Title            YOUTH PRESIDENT  
Name            FOREMAN, IORDANIA  
Address        1692 GLEN LAUREL DR  
City-State-Zip: MIDDLEBURG FL 32068

Title            VP  
Name            NEAGU, DANIELA  
Address        4017 SAN SERVERA DR N  
City-State-Zip: JACKSONVILLE FL 32217

Title            EPITROP  
Name            BREBINE, NICOLAE  
Address        5664 KENNERLY RD  
City-State-Zip: JACKSONVILLE FL 32207

Title            LADIES PRESIDENT  
Name            CONDOROTEANU, LIDIA  
Address        14004 TOMAKA RD  
City-State-Zip: JACKSONVILLE FL 32225

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*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 appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEFAN FLORIN STOLERU

PASTOR

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           AUDITOR  
Name           NICOLAESCU, AURELIAN  
Address        1129 RAVENSCROFT LN  
City-State-Zip: PONTE VEDRA FL 32081

Title           AUDITOR  
Name           BERAR, CONSTANTIN  
Address        13401 SUTTON PARK DR S  
                  1021  
City-State-Zip: JACKSONVILLE FL 32224