

2013 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:

SELEJAN, LAVINIA M
1339 MALLARD LANDING
BLVD N
ST JOHNS, FL 32259 US

FILED
Mar 19, 2013
Secretary of State
CC1267779472

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: LAVINIA SELEJAN

03/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LONG, ANASTASIA N
Address 805 QUIET STONE LN.
City-State-Zip: ORANGE PARK FL 32065

Title VP
Name DRAGUT, MIHAELA
Address 3724 ROBERT SCOTT CT
City-State-Zip: JACKSONVILLE FL 32207

Title T
Name SELEJAN, LAVINIA M
Address 1339 MALLARD LANDING
BLVD N
City-State-Zip: ST JOHNS FL 32259

Title S
Name BALESCU, ALEXANDRU
Address 7920 MERRILL RD. #313
City-State-Zip: JACKSONVILLE FL 32277

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

Title CONTROLLER
Name VOICU, MANUELA
Address 11667 ABIGAIL DR.
City-State-Zip: JACKSONVILLE FL 32258

Title EPITROPI
Name ANDREI, IOANA
Address 7660 PRAVER DR E
City-State-Zip: JACKSONVILLE FL 32217

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

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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: LAVINIA SELEJAN

AGENT

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EPITROPI
Name IVAN, LILIANA
Address 4519 ECTON LN E
City-State-Zip: JACKSONVILLE FL 32246

Title LADIES PRESIDENT
Name SAJGO, RODICA
Address 10644 COLEMAN RD
City-State-Zip: JACKSONVILLE FL 32257

Title EPITROPI
Name BREBINE, NICOLAE
Address 3549 INDIGO DR
City-State-Zip: JACKSONVILLE FL 32207