

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002119

FILED
May 05, 2008
Secretary of State

Entity Name: ROMANIAN CHRISTIAN CHURCH INC.

Current Principal Place of Business:

1101 SW 49TH AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

1101 SW 49TH AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0992734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PUSCAS, AUREL
4711 CLEVELAND ST.
HOLLYWOOD, FL 33021 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUREL, DR. PUSCAS
Address: 4711 CLEVELAND STR
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: CRISTEA, MIORICA
Address: 8125 S MADISON LAKES CIR.
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: LAZUREANU, D. FLORIN
Address: 3251 SW 53RD ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: BUMBU, AUREL C
Address: 3960 E. LAKE ESTATES DR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EMIL COLTEA

REV

05/05/2008

Electronic Signature of Signing Officer or Director

Date