


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90032 045 ****70.00

EPDVNF0U!\$ N00000007996 2/ Entity Name THE ROMANIAN ORTHODOX CHURCH - ARCHANGELS MICHAEL AND GABRIEL, INC.	
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Principal Place of Business 291: MI FFMSSSE/ EQQLB!QM43815	Mailing Address OP!OPY2284 EQQLB!QM43815
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3/ Principal Place of Business - No P.O. Box # 1809 SHEELER RD	4/ Mailing Address PO Box 391033
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA FLORIDA	City & State DELTONA FLORIDA
Zip 32703	Zip 32739
Country USA	Country USA



02122007 Di h.OQ DS3F148 J23017*

7/ Obn f lboe!Bees f t lpgDvss ouSf hjt d f elBhf ou POPESCU, ALEXANDRU 10828 WATERFORD CT. ORLANDO, FL 32821	8/ Obn f lboe!Bees f t lpgOf x ISf hjt d f elBhf ou Name TEODOR BRADIA Street Address (P.O. Box Number is Not Acceptable) 7707 BROOKWAY ST City ORLANDO FLORIDA GM
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9/ 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 TEODOR BRADIA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	03/18/2007 DATE
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Filing Fee is \$61.25 Due by May 1, 2007	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	<input checked="" type="checkbox"/> 11 NbzlCf l Beef elplG f t	<input type="checkbox"/> Nbl f. dl f dl. qbzbcfr up Gpsheb Ef qbsun f oupgTubf
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MERCOUFFER, C. 913 MAPLE CREEK DR. ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P TEODOR BRADIA 7707 BROOKWAY ST ORLANDO FL 32817	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD POPESCU, ALEXANDRU 10828 WATERFORD COURT ORLANDO, FL 32821	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S MARIA CALBUREANU 318 ROCK SPRINGS DR. KISSIMEE FL 34759	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T GRIZAK, NATALIA 764 LAKE CHARLES DR. DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T MADALINA WOOD 2737 BISHOP LN DELTONA, FL 32725	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

T.HOBUSF;  **03/18/2007 407-923-0177**
 T.HOBUSF!BOEILZOFEP!S!OS!DUF!E!OB!F!P!QT!A!Q!H!P!G!G!D!F!S!P!S!E!S!D!U!P!S
 Date Daytime Phone #