## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # N03000006774** 06-28-2005 90001 001 \*\*\*\*61.25 ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH. INC. Principal Place of Business Mailing Address 1277 N. PAUL DR. PO BOX 291 INVERNESS, FL 34453 INVERNESS, FL 34451 3. Mailing Address 2. Principal Place of Business P.O. Box 11 Suite, Apt. #, etc. Suite, Apt. #, etc. 06212005 Chg-NP CR2E037 (10/03) 4. FEI Number 04-3771260 Applied For City & State City & State Hernando FI Not Applicable Zip 34442-0011 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVENS, MARK REV Street Address (P.O. Box Number is Not Acceptable) 4589 REDMOND PLACE SANFORD, FL 32771 City Zip Code 8. 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITI E ☐ Change **M** Addition TITLE □ Delete KINLEY, NANCY NAME Chelovitz, Milo E. NAME 2912 N. KITTERY PT. STREET ADDRESS STREET ADDRESS 3193 W. Wentworth Loop HERNANDO, FL 34442 CITY-ST-ZIP CITY-ST-719 Lecanto FL 34461 Delete TITLE ☐ Change Addition TITLE Hildebrandt, Mary Ann LABOSKY, LINDA NAME NAME STREET ADDRESS 19875 SW 93RD LANE STREET ADDRESS 1741 W. Pine Ridge Blvd. Beverly\_Hills\_FL\_34465 DUNNELLON, FL 34432 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TILLE ☐ Change Skowronek. Ellen K. BRENNAN, JAMES NAME NAME STREET ADDRESS 1139 E. MCKINLEY ST. STREET ADORESS 9808 SW 195th Circle HERNANDO, FL 34442 CITY-ST-ZIP CITY-ST-ZIP Dunnellon FL 34432 ☐ Delete TITLE ☐ Change ☐ Addition STEVENS, MARK REV. NAME NAME 4589 REDMOND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE LICHATZ, DOLORES Y NAME NAME 9786 SW 196TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNNELLON, FL 34432 ☐ Chance ☐ Addition Delete TITLE SERRA, LEONILDO NAME 4671 HUNTWOOD PT. STREET ADDRESS STREET ADDRESS BEVERLY HILLS, FL 34464 CITY-ST-ZIP CITY-ST-ZIP

FILED

Jun 28, 2005 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Discontinuous properties of the composition of the corporation of the corporation of the receiver or trustee empowered 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.

SIGNATURE:

Discontinuous properties of the corporation of 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 chapter of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further certify that the information indicated on the corporation of the corporation o