

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90076 045 ****70.00

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1. Entity Name

ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.



Principal Place of Business

1277 N. PAUL DR.
INVERNESS FL 34453
US

Mailing Address

P.O. BOX 11
HERNANDO FL 34442-0011
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1277 N. PAUL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

INVERNESS, FL

4. FEI Number

04-3771260

Applied For

Not Applicable

Zip

Country

Zip

34453

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, MARK REV
4589 REDMOND PLACE
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINLEY, NANCY
2912 N. KITTY PT.
HERNANDO FL 34442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~REMOVED~~
ALBIN KAIMER
712 BELDON COURT
THE VILLAGES FL 32162 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
X
CHELOVITZ, MILO E
3193 WEST WENTWORTH LOOP
LECANTO FL 34461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BORICK, PATRICIA
3472 N EISENHOWER AVENUE
HERNANDO FL 34442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL BESSERMAN
890 LADSON LOOP
THE VILLAGES, FL 32162 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEVENS, MARK REV.
4589 REDMOND PLACE
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REV DAVID BALMER
1334 S. ALTO VERDE TERRACE
INVERNESS, FL 34452 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LICHATZ, DOLORES Y
9786 SW 196TH CIRCLE
DUNNELLON FL 34432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SKOWRONEK, ELLEN K
9808 SOUTHWEST 195TH CIRCLE
DUNNELLON FL 34432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature]

MILO E. CHELOVITZ

4.30.07

352-746-4428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #