

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006774

FILED
Apr 06, 2009
Secretary of State

Entity Name: ST. RAPHAEL OF BROOKLYN ORTHODOX CHURCH, INC.

Current Principal Place of Business:

1277 N. PAUL DR.
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

1277 N. PAUL DRIVE
INVERNESS, FL 34453 US

New Mailing Address:

1277 N. PAUL DR.
INVERNESS, FL 34453 US

FEI Number: 04-3771260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENS, MARK REV
4589 REDMOND PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: KINLEY, NANCY
Address: 2912 N. KITTEY PT.
City-St-Zip: HERNANDO, FL 34442

Title: T () Delete
Name: CHELOVITZ, MILO E
Address: 3193 WEST WENTWORTH LOOP
City-St-Zip: LECANTO, FL 34461

Title: S () Delete
Name: BORICK, PATRICIA
Address: 3472 N EISENHOWER AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: P () Delete
Name: STEVENS, MARK REV.
Address: 4589 REDMOND PLACE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HILDEBRANDT, MARY ANN
Address: 1741 W PINE RIDGE BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: V () Delete
Name: BESSERMAN, PAUL
Address: 890 LADSON LOOP
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: LICHATZ, DOLORES
Address: 9786 S W 196TH CIRCLE
City-St-Zip: DUNNELLON, FL 34432

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

Title: S (X) Change () Addition
Name: HILDEBRANDT, MARY ANN
Address: 1741 W PINE RIDGE BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

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: MARY ANN HILDEBRANDT

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date