

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 003 \*\*\*\*70.00

**DOCUMENT # N03000010781**

1. Entity Name

**SAINT STEPHEN THE GREAT ROMANIAN ORTHODOX  
CHURCH, INC.**



Principal Place of Business

Mailing Address

~~3701 W SWANN AVE  
TAMPA FL 33609~~

P.O. BOX 4888  
CLEARWATER FL 33758

434-90TH AVE., NORTH

ST. PETERSBURG, FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0220613

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROTTO, MARIA T  
2060 LOMA LINDA WAY N.  
CLEARWATER FL 33763

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, 2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURPENE, GABRIEL REV	
STREET ADDRESS	25350 US HWY 19 N, APT 11	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE	TD	<input type="checkbox"/> Delete
NAME	TROTTO, MARIA T	
STREET ADDRESS	2060 LOMA LINDA WAY N	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, ALEXANDRA	DECEASED
STREET ADDRESS	14112 KENSINGTON OAK PINE	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BALOSACHE, ANTONELA N	
STREET ADDRESS	13447 STASHORD RD	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANASE, GEORGE	
STREET ADDRESS	1247 MONTICELLO BLVD., N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AILINCAI, MARIA	
STREET ADDRESS	3117 PINE TREE AVE.	
CITY-ST-ZIP	LARGO, FL 33771	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MARINELA	
STREET ADDRESS	978 WILLOWOOD LN.	
CITY-ST-ZIP	DUNEDIN, FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

GEORGE TANASE-PRESID.

3/08/06 (813)879-4118