


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N43851** (7)

1. Corporation Name

**"PHILADELPHIA" FIRST ROMANIAN PENTECOSTAL CHURCH  
OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**502 N 28TH AVE.  
HOLLYWOOD FL 33020**

**502 N 28TH AVE.  
HOLLYWOOD FL 33020**



|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

3. Date Incorporated or Qualified

**06/10/1991**

4. FEI Number

**65-0303537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICA, EUGENE, REVEREND  
2735 LINCOLN ST  
HOLLYWOOD FL 33020**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**2-27-98**

DATE

| 12. OFFICERS AND DIRECTORS |                            |
|----------------------------|----------------------------|
| TITLE                      | <b>SD</b>                  |
| NAME                       | <b>SIRB, SORIN</b>         |
| STREET ADDRESS             | <b>1407 HAYES ST</b>       |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>        |
| TITLE                      | <b>PD</b>                  |
| NAME                       | <b>MICA, EUGENE</b>        |
| STREET ADDRESS             | <b>2735 LINCOLN ST</b>     |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>        |
| TITLE                      | <b>TD</b>                  |
| NAME                       | <b>STEFAN, SIRB</b>        |
| STREET ADDRESS             | <b>1407 HAYES ST.</b>      |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>        |
| TITLE                      | <b>VDVP</b>                |
| NAME                       | <b>MICA, PARASCHIVA</b>    |
| STREET ADDRESS             | <b>2735 LINCOLN STREET</b> |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33020</b>  |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY-ST-ZIP                |                            |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY-ST-ZIP                |                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

**V/D (VICE PRESIDENT)  
MICA PARASCHIVA  
2735-LINCOLN ST. HOLLYWOOD FL.  
33020**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MICA EUGEN** **2-27-98** **(954)-920-7936**

CR2E037 (10/97)