

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 27 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H9300000 3125(2)**
1. Corporation Name
ST ANNE ROMANIAN ORTHODOX MISSION INCORPORATED

Principal Place of Business Mailing Address
**6136 GEORGE WOOD LN SAME
JACKSONVILLE FL. 32244**

MWB

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/12/1993		04/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3198530		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

B. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERBAN JOHN 4766 DOVETAIL DRIVE EAST JACKSONVILLE FL. 32257-7616				81 Name			
				LEOPOLDINA DUMITRU			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6136 GEORGE WOOD LN			
83				84 City			
				JACKSONVILLE FL			
				85 Zip Code			
				32244			

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]* DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				DP POPA IOAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				3411 GALILEE RD			
CITY-ST-ZIP				JACKSONVILLE FL 32207			
TITLE				2.1 TITLE			
NAME				DP PATROI GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				BRANDY BRANCH RD Box 5723			
CITY-ST-ZIP				BRYCEVILLE FL 32009			
TITLE				2.2 NAME			
NAME				000002125880--1			
STREET ADDRESS				-03/27/97--01065--001			
CITY-ST-ZIP				****148.75 ****\$61.25			
TITLE				3.1 TITLE			
NAME				VP PETRU MITREA <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				7274 MIMOSA GROVE TR			
CITY-ST-ZIP				JACKSONVILLE FL 32210			
TITLE				3.2 NAME			
NAME				VP PETRU MITREA <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				7274 MIMOSA GROVE TR			
CITY-ST-ZIP				JACKSONVILLE FL 32210			
TITLE				3.3 STREET ADDRESS			
NAME				DT SERBAN JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				4766 DOVETAIL DR EAST			
CITY-ST-ZIP				JACKSONVILLE FL 32257-7616			
TITLE				4.1 TITLE			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				4.2 NAME			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				4.3 STREET ADDRESS			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				4.4 CITY-ST-ZIP			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				5.1 TITLE			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				5.2 NAME			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				5.3 STREET ADDRESS			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				5.4 CITY-ST-ZIP			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				6.1 TITLE			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				6.2 NAME			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				6.3 STREET ADDRESS			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			
TITLE				6.4 CITY-ST-ZIP			
NAME				DT LEOPOLDINA DUMITRU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6136 GEORGE WOOD LN			
CITY-ST-ZIP				JACKSONVILLE FL 32244			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]* LEOPOLDINA DUMITRU 03/18/97 (904)-777-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)