


FILE NOW: FILING FEE IS \$61.25

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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003125 (2)
1. Corporation Name
ST. ANNE ROMANIAN ORTHODOX MISSION INCORPORATED



Principal Place of Business 6136 GEORGE WOOD LN JACKSONVILLE FL 32244 US	Mailing Address 6136 GEORGE WOOD LN JACKSONVILLE FL 32244 US
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3. Date Incorporated or Qualified 07/12/1993	
4. FEI Number 59-3198530	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 21	2a. Mailing Address 26 6136 GEORGE WOOD LN
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State JACKSONVILLE FL
24. Zip 32244	29. Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DUMITRU, LEOPOLDINA
6136 GEORGE WOOD LN
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOAN, POPA	1.2 NAME	
STREET ADDRESS	3411 GALILEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA COZMA	2.2 NAME	
STREET ADDRESS	7334 OLD KING'S ROAD, S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERBAN, JOHN	3.2 NAME	
STREET ADDRESS	4766 DOVETAIL DR. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257-7616	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITREA, PETRU	4.2 NAME	VP. MARIN SCRECIO
STREET ADDRESS	7276 MIMOSA GROVE TR	4.3 STREET ADDRESS	620 JOHN ADAMS
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMITRU, LEOPOLDINA	5.2 NAME	
STREET ADDRESS	6136 GEORGE WOOD LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Leopoldina Dumitru* **LEOPOLDINA DUMITRU** 02/04/98 (904) 777-4861

CR2E037 (1097)