

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N93000003125

1. Entity Name

ST. ANNE ROMANIAN ORTHODOX MISSION INCORPORATED

FILED
May 22, 2000 8:00 am
Secretary of State

05-01-2000 90369 032 ****61.25

Principal Place of Business 6136 GEORGE WOOD LN JACKSONVILLE FL 32244 US	Mailing Address 6136 GEORGE WOOD LANE JACKSONVILLE FL 32244 US
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2. Principal Place of Business <i>1875 Live Oak Dr.</i>	3. Mailing Address <i>1875 Live Oak Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Jacksonville FL</i>	City & State <i>Jacksonville FL</i>	4. FEI Number 59-3198530	Applied For Not Applicable
Zip <i>32246</i>	Zip <i>32246</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUMITRU, LEOPOLDINA 6136 GEORGE WOOD LN JACKSONVILLE FL 32244	7. Name and Address of New Registered Agent Name <i>ST. ANNA ORTHODOX MISSION</i> Street Address (P.O. Box Number is Not Acceptable) <i>1875 Live Oak Drive</i> City <i>Jacksonville</i> FL Zip Code <i>32246</i>
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOAN, POPA 3411 GALILEE RD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHEORGHE FEDORCA 3685 Eunice Rd Jacksonville, FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARIA COZMA 7334 OLD KING'S ROAD, S. JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIA MARINESCU 2167 Spanish Bluff Rd. Jacksonville, FL. 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCRECIU, MARIN 620 JOHN ADAMS ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRECIU MARIN 620 JOHN ADAMS ORANGE PARK, FL. 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUMITRU, LEOPOLDINA 6136 GEORGE WOOD LN JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIBART VIORICA 436 Bay Point Way N Jacksonville, FL. 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature]* **REQUIRED** 4/4/00 645-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)