

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 018 ****61.25

DOCUMENT # N93000003125

1. Entity Name
ST. ANNE ROMANIAN ORTHODOX CHURCH, INC.



Principal Place of Business
**1875 LIVE OAK DR
JACKSONVILLE, FL 32246 US**

Mailing Address
**1875 LIVE OAK DR
JACKSONVILLE, FL 32246 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3198530

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. ANNA ORTHODOX MISSION
1875 LIVE OAK DR
JACKSONVILLE, FL 32246**

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

LEOPOLDINA SUMITRU

Sumitru

03/19/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BULZ, DOREL
STREET ADDRESS 1746 PALM LANE
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE PRESIDENT ☒ Change ☒ Addition
NAME RODICA DEMETER
STREET ADDRESS 4346 COLEMAN Rd.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD ☒ Delete
NAME TUDORACHE, GHEORGHE
STREET ADDRESS 3619 PONCE DE LEON
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VICE-PRESIDENT ☒ Change ☐ Addition
NAME CONDURATEANU MIRCEA
STREET ADDRESS 5644 BLUE PACIFIC DR.
CITY-ST-ZIP JACKSONVILLE - FLORIDA 32257

TITLE TD ☒ Delete
NAME ANDREI, DAN
STREET ADDRESS 5134 DAMASCUS RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TREASURER ☒ Change ☐ Addition
NAME LEOPOLDINA SUMITRU
STREET ADDRESS 5201 ATLANTIC BLVD UNIT 84
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T ☒ Delete
NAME BALESCU, ADRIAN
STREET ADDRESS 2102 ARDENCROFT DR
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE SECRETARY ☒ Change ☐ Addition
NAME CHICU ANDREI
STREET ADDRESS 8715 BELLEVUE BLVD #1706
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: LEOPOLDINA SUMITRU

(904) 398-1695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/05 Date

Daytime Phone #