

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000005591 (1)**

1. Corporation Name

ST. NICHOLAS RUSSIAN ORTHODOX MISSION AND OUTREACH MINISTRIES, INC.



Principal Place of Business

Mailing Address

4026 INVERRARY BLVD. APT. 1609
LAUDERHILL FL 33319

4026 INVERRARY BLVD. APT. 1609
LAUDERHILL FL 33319

3. Date Incorporated or Qualified
11/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4206 Inverrary Blvd.**

26 **4206 Inverrary Blvd.**

4. FEI Number

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 79B**

27 **# 79B**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Lauderhill, Fl**

28 **Lauderhill, Fl**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33319**

25 **Broward**

29 **33319**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRISCELLA, DAMIAN L
4026 INVERRARY BLVD. APT. 1609
LAUDERHILL FL 33319

81 Name

Criscella, Damian L.

82

Street Address (P.O. Box Number is Not Acceptable)
4206 Inverrary Blvd.

83

#79B

84

City

Lauderhill,

FL

85 Zip Code

33319

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CRISCELLA, DAMIAN L	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4026 INVERRARY BLVD. APT. 1609	1.3 STREET ADDRESS	4206 Inverrary Blvd. - #79B
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	Lauderhill, Fl. 33319
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCELLA, JULIANNE	2.2 NAME	
STREET ADDRESS	4026 INVERRARY BLVD. APT. 1609	2.3 STREET ADDRESS	4206 Inverrary Blvd. - #79B
CITY-ST-ZIP	LAUDERHILL FL 33319	2.4 CITY-ST-ZIP	Lauderhill, Fl. 33319
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, THOMAS	3.2 NAME	
STREET ADDRESS	910 BANKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, MARY C	4.2 NAME	
STREET ADDRESS	910 BANKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCELLA, LOUIS	5.2 NAME	
STREET ADDRESS	4026 INVERRARY BLVD. APT. 1609	5.3 STREET ADDRESS	4206 Inverrary Blvd. - #79B
CITY-ST-ZIP	LAUDERHILL FL 33319	5.4 CITY-ST-ZIP	Lauderhill, Fl. 33319
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCELLA, STEVEN D	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 220234	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33022-0234	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Very Rev. Fr. Damian L. Criscella* 4/15/96 (954) 486-6320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)