


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State
 09-16-1999 90007 013 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005591 ✓

1. Corporation Name
ST. NICHOLAS RUSSIAN ORTHODOX MISSION AND OUTREACH MINISTRIES, INC.

Principal Place of Business 4706 N.W. 43RD TERRACE TAMARAC FL 33319 US	Mailing Address 4706 N.W. 43RD TERRACE TAMARAC FL 33319 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/28/1995	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRISCELLA, DAMIAN L 4706 N.W. 43RD TERRACE TAMARAC FL 33319		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
		83	84 City
		FL	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISCELLA, DAMIAN L	1.2 NAME	IRENE Julie A. CARDOZA-CRISCELLA
STREET ADDRESS	4706 N.W. 43RD TERRACE	1.3 STREET ADDRESS	4706 NW 43RD TERRACE
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	TAMARAC, FLORIDA 33319
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISCELLA, JULIANNE	2.2 NAME	MICHAEL A. CRISCELLA
STREET ADDRESS	4706 N.W. 43RD TERRACE	2.3 STREET ADDRESS	4706 NW 43RD TERRACE
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	TAMARAC, FLORIDA 33319
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CRISCELLA, SUE ANN LEE	3.2 NAME	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
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	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CRISCELLA, LOUIS III	5.2 NAME	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CRISCELLA, STEVEN D	6.2 NAME	
STREET ADDRESS	7825 FAIRVIEW DRIVE, #208	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	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, with all other like empowered.

SIGNATURE: Very Respectfully, Damian L. Criscella, 9/2/99 (954) 486-6320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)