

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91695 029 \*\*\*\*70.00

**DOCUMENT # N95000005591**

1. Entity Name

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

Principal Place of Business

Mailing Address

**4706 N.W. 43RD TERRACE  
 TAMARAC FL 33319  
 US**

**P.O. BOX 25191  
 TAMARAC FL 33320-5191  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1066848**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRISCELLA, DAMIAN L  
 4706 N.W. 43RD TERRACE  
 TAMARAC FL 33319**

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.

SIGNATURE

*V. Rev. Fr. Damian L. Criscella* / *Very Rev. Fr. Damian L. Criscella* 4/30/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**PASTOR / PRESIDENT**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRISCELLA, DAMIAN L	
STREET ADDRESS	4706 N.W. 43RD TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRISCELLA, JULIANNE	
STREET ADDRESS	4706 N.W. 43RD TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRISCELLA, SUE ANN LEE	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISCELLA, MICHAEL A	
STREET ADDRESS	4706 N.W. 43RD TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRISCELLA, LOUIS III	
STREET ADDRESS	4136 INVERRARY BLVD., #73A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISCELLA, STEVEN D	
STREET ADDRESS	7825 FAIRVIEW DRIVE, #208	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE JULIE CARDOZA -	
STREET ADDRESS	CORRESPONDING CRISCELLA	
CITY-ST-ZIP	2106 SO. CYPRESS BEND DR. - APT 210 POMPANO BEACH, FL 33069	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRID ELENA RHEVALS-CRISCELLA	
STREET ADDRESS	7400 STIRLING RD #136	
CITY-ST-ZIP	HOLLYWOOD, FL 33022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *V. Rev. Fr. Damian L. Criscella* / *Very Rev. Fr. Damian L. Criscella* 30 April '02 486-6320  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)