

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 001 ****75.00



DOCUMENT # N9500005591
 1. Entity Name
ST. NICHOLAS RUSSIAN ORTHODOX MISSION AND OUTREACH MINISTRIES, INC.

Principal Place of Business Mailing Address
3200 N W 120TH WAY **P.O. BOX 25191**
SUNRISE, FL 33323 **TAMARAC FL 33320-5191**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 450328**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
SUNRISE, FLORIDA
 Zip Country Zip Country
33345-0328 **U.S.A.**

4. FEI Number Applied For
65-1066848 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRISCELLA, DAMIAN L REV.
3200 N W 120TH WAY
SUNRISE FL 33323

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	CRISCELLA, DAMIAN L REV.
STREET ADDRESS	3200 N W 120TH WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	TD <input type="checkbox"/> Delete
NAME	CRISCELLA, JULIANNE
STREET ADDRESS	3200 N W 120TH WAY
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	SD <input type="checkbox"/> Delete
NAME	CRISCELLA, IRENE JULIE
STREET ADDRESS	2206 SOUTH CYPRESS BEND DR. #705
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	CRISCELLA, MICHAEL A
STREET ADDRESS	2206 SOUTH CYPRESS BEND DR. #705
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	VD <input type="checkbox"/> Delete
NAME	CRISCELLA, LOUIS III
STREET ADDRESS	11605 N.W. 35TH STREET
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> Delete
NAME	CRISCELLA, STEVEN D
STREET ADDRESS	7201N.W. 68TH STREET
CITY-ST-ZIP	TAMARAC FL 33321

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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 exemptions contained in Section 119, 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* 3/12/06 (954) 749-3716