

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001467 (7)**  
1. Corporation Name  
**FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM BEACH, INC.**

Principal Place of Business <b>8657 LANTANA ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>8657 LANTANA ROAD LAKE WORTH FL 33467-6262</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>03/13/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FFI Number <b>EIN 65-0698478</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**PAVEL, LUNGU**  
**6786 ALDEN RIDGE DRIVE**  
**BOYNTON BEACH FL 33437**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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. PAVEL LUNGU OFFICERS AND DIRECTORS**

TITLE <b>NO</b>	<b>PRESIDENT (PASTOR)</b> <input type="checkbox"/> DELETE <b>D</b>
NAME	<b>6786 ALDEN RIDGE DR.</b>
STREET ADDRESS	<b>BOYNTON BEACH, FL.</b>
CITY-ST-ZIP	<b>33437</b>
TITLE <b>D</b>	<b>CHURCH SECRETARY</b> <input type="checkbox"/> DELETE <b>D</b>
NAME	<b>COSTIUC ALEXANDRU</b>
STREET ADDRESS	<b>13752 YARMOUTH DR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33414</b>
TITLE <b>T</b>	<b>CHURCH TREASURER</b> <input type="checkbox"/> DELETE <b>T</b>
NAME	<b>BACILA MOISE</b>
STREET ADDRESS	<b>10299 BOYNTON BEACH, CIR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33437</b>
TITLE <b>T</b>	<b>CHURCH COMDR/RECORDS</b> <input type="checkbox"/> DELETE <b>T</b>
NAME	<b>TIGAN DANIEL</b>
STREET ADDRESS	<b>6772 ALDEN RIDGE DR.</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33437</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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.

SIGNATURE \_\_\_\_\_ DATE **04.11.1997**

CR2E037 (9/96)