


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90043 030 ****70.00

DOCUMENT # N96000001467

1. Entity Name
FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM BEACH, INC.



Principal Place of Business Mailing Address

**8657 LANTANA ROAD
 LAKE WORTH FL 33467** **8657 LANTANA ROAD
 LAKE WORTH FL 33467**

2. Principal Place of Business 3. Mailing Address

5350 MELALEUCA LN. **5350 - MELALEUCA LN.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

LAKE - WORTH **LAKE WORTH**

City & State **FL.** City & State **FL.**



MOORE GR2E037 (11/03)

Zip Country Zip Country

33463-5208 **WEST PALM BEACH** **33463-5208** **W. P. Beach**

4. FEI Number Applied For

65-0698478 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

*9.25
 8.75
 70.00*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LUNGU, PAVEL	6423 MARBLETREE LN	LAKE WORTH FL 33467	<input type="checkbox"/>
SD	ALEXANDRU, BRAICA	13752 YARMOUTH DR	WEST PALM BEACH FL	<input type="checkbox"/>
TD	MUSCAN, TEODOR	504 S DIXIE HWY	LAKE WORTH FL 33460	<input type="checkbox"/>
VDC	ACHIM, JOHN JR	1040 SW AURELIA AVE	PORT SAINT LUCIE FL 34953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*PAID CHECK #1180
 Date 3/23/04
 \$70.00*

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: *[Signature]* 3/23/04 (561)641-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #