2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED-DOCUMENT # N96000001467 Jan 25, 2007 08:00 AN 1. Entity Name **Secretary of State** FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM . BEACH, INC. Principal Place of Business Mailing Address 5350 MELALEUCA LANE 5350 MELALEUCA LANE LAKE WORTH FL 33463-5208 **LAKE WORTH FL 33463-5208** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 65-0698478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAVEL, LUNGU 6786 ALDEN RIDGE DRIVE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 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 required and and tille a applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE 18 \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIIII ☐ Defete 11111 Cleanue ☐ Addition NAME LUNGU, PAVEL NAM U00000604170 STREET ADDIESS STREET ADDRESS 6423 MARBLETREE LN 01/29/07-80043-004 61.25 CAY SI 7IP LAKE WORTH FL 33467 CITY SI ZIP IIILE ☐ Defete 1811 Change ☐ Addition MAM ALEXANDRU_BRAICA NAME STREET ADDRESS 13752 YARMOUTH DR SHIFT LADDRESS CHY-ST 7IP WEST PALM BEACH FL CHY SI ZP mu ☐ Delete [[]] TD Change ☐ Addition NAMI NAME MUSCAN, TEODOR SIRELL ADDITIONS 504 S DIXIE HWY SHIELE ADDRESS CITY-ST-70P CHY-ST 782 LAKE WORTH FL 33460 1833 HH ☐ Delete Change ☐ Addition NAME MARSI STREET ADDRESS STRULL ADDRESS CITY ST AP CHY-S) ZIE 11111 ☐ Delete HH Change ☐ Addition MAME MALK STREET ADDRESS SHIFF LADORESS CITY ST ZIP वार अ अ HILE Delete 11111 Change ☐ Addition NAME NAME STREET ADDRESS SPREEDING COY 51 70° 12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 149. 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 logal effect as if made under eath; 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.