FILED

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2003 8:00 am **Secretary of State** DOCUMENT # N9600001467 01-15-2003 90247 003 \*\*\*\*61.25 FIRST ROMANIAN BAPTIST CHURCH, OF WEST PALM BEAC H. INC. Principal Place of Business Mailing Address 8657 LANTANA ROAD 8657 LANTANA ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0698478 Applied For 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 Street Address (P.O. Box Number is Not Acceptable) 6786 ALDEN RIDGE DRIVE **BOYNTON BEACH FL 33437** Zip Code 8. The above named entit 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. 01.14.2005 PAVEL LUNGU **SIGNATURE** and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition NAME LUNGU, PAVEL MOU PAVEL 23 MARBLETREE LAKE 6786-ALDEN-RIDGE-DR-STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 80YNTON BEACH FL-CITY-ST-ZIP SD BRAICA TITLE Delete TITLE NAME **GOSTIONS**, ALEXANDRU NAME STREET ADDRESS 13752 YARMOUTH DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TD TITLE ☐ Delete TITLE Addition NAME MUSCAN, TEODOR NAME STREET ADDRESS 504 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP VDC TITLE Delete TITLE ACHIM, IOAN Jr. 1040, S.W. AUREL NAME ACHIM, IOAN NAME 776 CEDER HURST CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP MUE, P. 34953. Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmen with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP