

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003125

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC7353669801**

**Entity Name:** ST. ANNE ROMANIAN ORTHODOX CHURCH, INC.

**Current Principal Place of Business:**

1875 LIVE OAK DR  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1875 LIVE OAK DR  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-3198530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FEIER, LUCIAN G  
5117 OTTER CREEK DR.  
PONTE VEDRA BEACH, FL 32082 US

*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.*

**SIGNATURE:** LUCIAN G. FEIER

04/27/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name IVAN, DAN  
Address 4519 ECTON LN E  
City-State-Zip: JACKSONVILLE FL 32246

Title S  
Name DRAGUT, MIHAELA  
Address 3724 ROBERT SCOTT CT  
City-State-Zip: JACKSONVILLE FL 32207

Title PASTOR  
Name STOLERU, STEFAN F  
Address 13838 JEREMIAH RD.  
City-State-Zip: JACKSONVILLE FL 32224

Title CONTROLLER  
Name IVAN, LILIANA  
Address 4519 ECTON LN E  
City-State-Zip: JACKSONVILLE FL 32246

Title EPITROPI  
Name ANDREI, IOANA  
Address 7660 PRAVER DR E  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name CONDOROTEANU, OCTAVIAN  
Address 14004 TOMAKA RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title EPITROPI  
Name BREBINE, NICOLAE  
Address 3549 INDIGO DR  
City-State-Zip: JACKSONVILLE FL 32207

Title LADIES PRESIDENT  
Name PATROI, MARIA  
Address 6713 COUNTRY RD. 121  
City-State-Zip: BRYCEVILLE FL 32009

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUCIAN G FEIER

**TREASURER**

04/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           FEIER, LUCIAN G  
Address        5117 OTTER CREEK DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082