

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/21.

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91226 031 \*\*\*\*61.25

**DOCUMENT # NO1000002002**

1. Entity Name  
**RUSSIAN-AMERICA ST. NICHOLAS ORTHODOX CHURCH, IN C.**

Principal Place of Business      Mailing Address  
**25 OLD KINGS ROAD      25 OLD KINGS ROAD**  
**SUITE 8C      SUITE 8C**  
**PALM COAST FL 32137      PALM COAST FL 32137**

95002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number  
**59-3706520**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD**       Delete  
 NAME: **FITCHKO, GEORGE**  
 STREET ADDRESS: **25 OLD KINGS ROAD**  
 CITY-ST-ZIP: **PALM COAST FL 32137**

TITLE: **PD**       Change       Addition  
 NAME: **NINA IVANOVSKAYA**  
 STREET ADDRESS: **25 OLD KINGS RD**  
 CITY-ST-ZIP: **PALM COAST FL 32137**

TITLE: **TD**       Delete  
 NAME: **GARCIA, JEAN**  
 STREET ADDRESS: **25 OLD KINGS ROAD**  
 CITY-ST-ZIP: **PALM COAST FL 32137**

TITLE: **TD**       Change       Addition  
 NAME: **ELENA KOTOMINA TP**  
 STREET ADDRESS: **25 OLD KINGS RD**  
 CITY-ST-ZIP: **PALM COAST FL 32137**

TITLE: **SD**       Delete  
 NAME: **SHANN, IRINA**  
 STREET ADDRESS: **25 OLD KINGS ROAD**  
 CITY-ST-ZIP: **PALM COAST FL 32137**

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

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: **Elena Kotomina**      **ELENA KOTOMINA - TREASURY**      **04.10.02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)