


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 041 ****61.25

DOCUMENT # N01000002002	
1. Entity Name RUSSIAN-AMERICA ST. NICHOLAS ORTHODOX CHURCH, INC.	

Principal Place of Business 25 OLD KINGS RD N 8C PALM COAST, FL 32137	Mailing Address P.O. BOX 350703 PALM COAST, FL 32135
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2. Principal Place of Business <i>109 N. BAY STREET</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142006 Chg-NP CR2E037 (11/05)

City & State <i>BUNNELL, FLORIDA</i>	City & State	4. FEI Number 59-3706520	Applied For Not Applicable
Zip <i>32164</i>	Country <i>U.S.A.</i>	Zip	Country

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

6. Name and Address of Current Registered Agent

KOTOMINA, ELENA
25 OLD KINGS RD N
8C
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name *CHUGUEVA ELENA*

Street Address (P.O. Box Number is Not Acceptable)
50 LEANMI WAY UMT EG

City *PALM COAST* FL Zip Code *32137*

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]* DATE *02.23.2006*

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

Filing Fee is \$61.25
Due by May 1, 2006

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	S JOHNSON, LARISA PO BOX 350703 PALM COAST, FL 32135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, JEAN PO BOX 350703 PALM COAST, FL 32135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTUKH, ANDREY 3317 BAINBRIDGE HOLIDAY, FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, JALINA 25 VERANDA WAY PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTUKH, ANDREY 10314 PEOPLES LOOP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jalina Garcia* DATE: *2-23-2006*

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