

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91278 034 ****61.25

DOCUMENT # NO1000002002

1. Entity Name

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



Principal Place of Business

25 OLD KINGS ROAD
SUITE 8C
PALM COAST FL 32137

Mailing Address

25 OLD KINGS ROAD
SUITE 8C
PALM COAST FL 32137

11022987



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

305 Palm Coast Pkwy, NE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 350703
Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number 59-3706520

Applied For

Not Applicable

Zip

32137

Country

Zip

32135

Country

FLagler

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Andrei Marchenko

Street Address (P.O.-Box Number is Not Acceptable)

15 Lakeside Place East

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	SD	<input type="checkbox"/> Delete
NAME	SHANN, IRINA	
STREET ADDRESS	25 OLD KINGS ROAD	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IVANDUSKAYA, NINA	
STREET ADDRESS	25 OLD KINGS RD	
CITY-ST-ZIP	PALM COAST FL 32157	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOTOMINA, ELENA	
STREET ADDRESS	25 OLD KINS RD	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larisa Johnson	
STREET ADDRESS	P.O. Box 350703 Palm Coast, FL 32135	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Garcia	
STREET ADDRESS	P.O. Box 350703 Palm Coast, FL 32135	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrey Pastukh	
STREET ADDRESS	3317 Bainbridge, Holiday, FL 34691	
CITY-ST-ZIP		
TITLE	W-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrei Marchenko	
STREET ADDRESS	15 Lakeside Place East, Palm Coast FL 32137	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] Andrei Marchenko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (10/02)