

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005767 (7)

1. Corporation Name

FIRST RUSSIAN UKRAINIAN EVANGELICAL BAPTIST CHURCH OF MIAMI, INC.



Principal Place of Business

Mailing Address

**400 NW 73 AVE
MIAMI FL 33126-4230**

**318 JACKSON ST
HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **1701 MONROE ST.**

26 **P.O. BOX 1170**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Hollywood, FL**

27 **Hollywood, FL**

23 **33020 USA**

28 **33022 USA**

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ONOUFRIENKO, IOURI
1710 NE 191 ST. B-3
APT 103 I.O.
N MIAMI FL 33179**

81 Name **IOURI ONOUFRIENKO**

82 Street Address (P.O. Box Number is Not Acceptable)
1710 NE 191 ST B-3 Apt 103

83

84 City **N. MIAMI**

FL

85 Zip Code **33179**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

IOURI ONOUFRIENKO

(NOTE: Registered Agent signature required when reinstating)

04/03/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **NICOLAYEV, SERGEI**
STREET ADDRESS **942 SPRING WOOD LN**
CITY-ST-ZIP **DUCANVILLE TX 75137**

1.1 TITLE **P.** Change Addition
1.2 NAME **MUDRYK STEFAN**
1.3 STREET ADDRESS **318 JACKSON ST.**
1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **S** DELETE
NAME **ONOUFRIENKO, IOURI**
STREET ADDRESS **1710 NE 191 ST B-3, #103**
CITY-ST-ZIP **N MIAMI FL 33179**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SERDIUK, ANNA**
STREET ADDRESS **2200 W BAY DR #1**
CITY-ST-ZIP **MIAMI FL 33141**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **NAZARUK, LIDIA**
STREET ADDRESS **432 NE 89 ST**
CITY-ST-ZIP **MIAMI FL 33138**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SHULYIPIN, WILLIM**
STREET ADDRESS **212 189 ST**
CITY-ST-ZIP **MIAMI BEACH FL 33160**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IOURI ONOUFRIENKO

Date

Daytime Phone #

04/03/96 (305) 919-8806

CFR2E037 (12/95)