

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90027 018 ****61.25

DOCUMENT # N96000001974					
1. Entity Name PARISH OF ST. ANDREWS RUSSIAN ORTHODOX CHURCH, INC.					
Principal Place of Business 4668 15TH AVE SOUTH ST PETERSBURG, FL 33711			Mailing Address 437 65TH ST. N. ST PETERSBURG, FL 33710-7764		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2247704	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHITIKOV, IGOR 4668 15TH AVE SOUTH ST PETERSBURG, FL 33711				Name Street Address (P.O. Box Number is Not Acceptable) City	
CHITIKOV, IGOR 4668 15TH AVE SOUTH ST PETERSBURG, FL 33711				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME CHITIKOV, IGOR		<input type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVE SOUTH	CITY-ST-ZIP ST PETERSBURG, FL 33711		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME BOLOZDYNIA, ALEXANDER		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVENUE SOUTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33711		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T	NAME HETSCHINOF, TATIANA		<input type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVENUE SOUTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33711		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME HETSCHINOF, KONSTANTIN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVENUE SOUTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33711		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME ROMANOVA, ELENA		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVENUE SOUTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33711		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME NIKITA, TREGUBOV		<input type="checkbox"/> Delete		
STREET ADDRESS 4668 15TH AVE S	CITY-ST-ZIP SAINT PETERSBURG, FL 33711		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME STEPHAN PHILLIPS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 266 145th Ave E	CITY-ST-ZIP MADEIRA BEACH, FL 33718		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME DIANA SMITH		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 11 San Marco St. # 1201	CITY-ST-ZIP CLEARWATER FL. 33767		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D	NAME IRINE PARKHOMENKO		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS P.O. Box 61141	CITY-ST-ZIP ST PETERBURG, FL. 33784		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T	NAME NIKITA TREGUBOV		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 11628 Camphor Way	CITY-ST-ZIP SEMINOLE FL. 33772		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Igor Chitikov</i> Igor Chitikov <i>15 May 2005</i> (727) 347-0672					