

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000000533 (9)**

1. Corporation Name

REVIVAL OF EAST SLAVIC LAND, INC.

Principal Place of Business

Mailing Address

**11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218**

**11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218-2180**

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/24/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3218149 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALLOY, TWINKLE
11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | CHERNYABSKIY, | 1.2 NAME | CHERNYAVSKIY, VIKTOR |
| STREET ADDRESS | 10542 WOOSTER DR. | 1.3 STREET ADDRESS | 11701 WATER BLUFF DR. E. |
| CITY - ST - ZIP | JACKSONVILLE FL 32218 | 1.4 CITY - ST - ZIP | JACKSONVILLE, FL 32218 |
| TITLE | STD | 2.1 TITLE | |
| NAME | MALLOY, TWINKLE | 2.2 NAME | |
| STREET ADDRESS | 11701 WATER BLUFF DR. E. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32218 | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | VD |
| NAME | THOMPSON, OLIN D DDS | 3.2 NAME | SATTLER, MARTIN |
| STREET ADDRESS | 101 BRUNSWICK AVE., WILLOW SQUARE | 3.3 STREET ADDRESS | 14003 N. MAIN ST. |
| CITY - ST - ZIP | ST. SIMONS ISLAND GA | 3.4 CITY - ST - ZIP | JACKSONVILLE FL 32218 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 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

4-29-97 904-751-0932
Date Daytime Phone #0006811

CR2E037 (9/96)