

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011481

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC7855448751**

**Entity Name:** AMERICAN DAVID LIVINGSTONE UNIVERSITY OF FLORIDA, INC.

**Current Principal Place of Business:**

7950 NW 53RD STREET  
SUITE 337  
MIAMI , FL 33166

**Current Mailing Address:**

1736, RODMAN STREET  
HOLLYWOOD, FL 33020 US

**FEI Number: 98-0629334**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CO-TRUSTEE  
Name SAVELIEV, VALERII Y.  
Address 6 B, ACADEMIC GLOUSHKO AVENUE  
144  
City-State-Zip: ODESSA 65113

Title TRUSTEE  
Name BENNETT, RICHARD A.  
Address 3451 AARON TRAIL  
City-State-Zip: POWDER SPRINGS GA 30127

Title TRUSTEE  
Name KALININA, NATALIA V  
Address 199 BALKOVSKAYA STREET  
116  
City-State-Zip: ODESSA 65005

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NATALIA KALININA**

**VICE-PRESIDENT**

**03/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date