

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

DOCUMENT# N10000004819

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2274797263**

**Entity Name:** RUSSIAN-AMERICAN COMMUNITY CENTER OF FLORIDA INC

**Current Principal Place of Business:**

2054 STATE ROAD 436  
UNIT 105  
WINTER PARK, FL 32792

**Current Mailing Address:**

P.O. BOX 5577  
WINTER PARK, FL 32793

**FEI Number:** 27-2583246

**Certificate of Status Desired:** No

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

GRAY, JEFFERY S  
1805 IRONWOOD WAY  
KISSIMMEE, FL 34746 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            PRESIDENT  
Name            GRAY, JEFFERY S  
Address        1805 IRONWOOD WAY  
City-State-Zip: KISSIMMEE FL 34746

Title            VP  
Name            KAPUL-JENKINS, ELLA  
Address        100 SPRINGWOOD TRAIL  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TREASURER  
Name            KORYAK, YELENA  
Address        4837 STONY BROOK LN  
City-State-Zip: ORLANDO FL 32808

Title            DIRECTOR OF EVENT  
                  COORDINATION  
Name            LISZKA, LIUDMILLA  
Address        4837 STONY BROOK LN  
City-State-Zip: ORLANDO FL 32836

Title            SECRETARY  
Name            ILLARIONOVA, NATALYA  
Address        2054 STATE RD 436  
                  UNIT 105  
City-State-Zip: WINTER PARK FL 32792

Title            DIRECTOR OF EDUCATION  
Name            KIRYAKOVA, ANNA  
Address        2054 STATE ROAD 436  
                  UNIT 105  
City-State-Zip: WINTER PARK FL 32792

*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:** JEFFERY GRAY

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date