

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008260

**Entity Name:** BULGARIAN EASTERN ORTHODOX CHURCH "SAINT NICHOLAS", INC.

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC0265729665**

**Current Principal Place of Business:**

2301 ADAMS ST  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2301 ADAMS ST  
HOLLYWOOD, FL 33020 US

**FEI Number: 45-3170443**

**Certificate of Status Desired: No**

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

KATCHOVA, AXENIA  
2130 MONROE ST  
HOLLYWOOD, FL 33020 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           TREASURER  
Name           GALABOV, MARIO  
Address        6700 ARTHUR ST  
City-State-Zip: HOLLYWOOD FL 33024

Title           SECRETARY  
Name           SMITH-BARKLEY, KATE  
Address        1526 GABRIEL ST  
City-State-Zip: HOLLYWOOD FL 33020

Title           PRESIDENT  
Name           SPASSOVA, ANTOANETA I  
Address        635 NE 3 STREET  
City-State-Zip: , DANIA BEACH FL 33004

Title           DIRECTOR  
Name           PESHEV, ANATOLI  
Address        6491 MOSLEY ST  
City-State-Zip: HOLLYWOOD FL 33024

Title           DIRECTOR  
Name           ASENOVA, ZOIA  
Address        3501 JACKSON ST  
                  APT.310  
City-State-Zip: HOLLYWOOD FL 33021

*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: MARIO GALABOV**

**TREASURER**

**04/26/2017**

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

\_\_\_\_\_  
Date