

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003467

Entity Name: THE SOCIETY OF NOVOE KITEZH, INC.

Current Principal Place of Business:

1121 PARK LANE
HAVERHILL, FL 33417

Current Mailing Address:

1121 PARK LANE
HAVERHILL, FL 33417 US

FEI Number: 46-5362177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO DE FUENTES, MIGUEL S
1121 PARK LANE
HAVERHILL, FL 33417 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 PRES
Name CASTILLO DE FUENTES, MIGUEL S
Address 1121 PARK LANE
City-State-Zip: HAVERHILL FL 33417

Title VP
Name ALONSO, CLAUDIA
Address 4337 LILAC CIRCLE
City-State-Zip: LAKE WORTH FL 33461

Title TREA
Name BIRR ZOUUEFF, IVAN REV.
Address PAROISSE ORTHODOXE SAINT-MATTHIEU
158 AV. CHARLES DE GAULLE
City-State-Zip: NEUILLY-SUR-SEINE 92200

Title SEC
Name KENCIS, ANDREW REV.
Address P.O. BOX 104
City-State-Zip: WILDWOOD, AB T0E 2M0 00000

Title OFC
Name GUSSAIDI, KHRISOSTOM REV.
Address 4001 WEST EMPEDRADO STREET
City-State-Zip: TAMPA FL 33629

Title OFC
Name STURZA, ANDREI
Address AV. JEANNE 35/B004
City-State-Zip: BRUXELLES 1000

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: MIGUEL S. CASTILLO DE FUENTES

PRESIDENT

02/13/2022

Electronic Signature of Signing Officer/Director Detail

Date