

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90061 038 ****70.00

DOCUMENT # 727958 1. Entity Name RUSSIAN-AMERICAN CLUB IN ST. PETERSBURG, FLORIDA, INC.					
Principal Place of Business 2820 BEACH BLVD. SOUTH GULFPORT, FL 33707				Mailing Address 2820 BEACH BLVD. SOUTH GULFPORT, FL 33707	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent ANATOL, GLEN 11740 CAMPHOR WAY SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name NATALIA L. GLEN Street Address (P.O. Box Number is Not Acceptable) 11740 CAMPHOR WAY City SEMINOLE, FL Zip Code 33772	
5. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>NATALIA GLEN - president</u> <u>Natalia L. Glen</u> <u>8-1-05</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing))					
Filing Fee is \$61.25 Due by September 7, 2005		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANATOL, GLEN 11740 CAMPHOR WAY SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NATALIA L. GLEN 11740 CAMPHOR WAY SEMINOLE, FL 33772	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HETSCHNOF, KONSTANTYN 6020 SHORE BLVD, #505 SAINT PETERSBURG, FL 33707	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREGUBOV, NIKITA 11628 CAMPHOR WAY SEMINOLE, FL 33772	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREGUBOV, NIKITA 2372 LANDING CIR. BRANDENTON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANATOL GLEN 11740 CAMPHOR WAY SEMINOLE, FL 33772	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETCH, IRINA 6020 SHORE BLVD S #805 GULFPORT, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NETCH, IRINA 6020 SHORE BLVD S. #805 GULFPORT, FL 33707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORISJUK, LUDMILA 3114 59TH STREET, APT. 114 GULFPORT, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAVCHENKO, NADEJDA 2850 59th ST. S. #307 GULFPORT, FL 33707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAILOVA-BECK, TATIANA 1847 SHORE DR S #819 S PASADENA, FL 33707	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALITSKY, XENIA 6020 SHORE BLVD. S. #1011 GULFPORT, FL 33707	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Natalia L. Glen</u> <u>8-1-05</u> <u>727-397-7297</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					