

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90145 008 ****61.25

DOCUMENT # 750212 1. Entity Name SLAVIC EVANGELICAL BAPTIST CHURCH INC.					
Principal Place of Business 635 64TH ST SOUTH SAINT PETERSBURG, FL 33707 US			Mailing Address 17611 WILLOW CR LUTZ, FL 33549 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1859 SHORE DR. APT.#106 Suite, Apt. #, etc. SOUTH PASADENA FL			
City & State		City & State		4. FEI Number 59-1971714	
Zip 33707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAPONIUK, PETER 17611 WILLOW CRK.BLVD. LUTZ, FL 33549				7. Name and Address of New Registered Agent Name <u>VORONICH, SEMEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1859 SHORE DR. APT. # 106</u> City <u>SOUTH PASADENA</u> <u>FL</u> Zip Code <u>33707</u>	
8. 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>S. Voronich Semen Voronich</u> CHAIRMAN 04-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	PD GAPONIUK, PETER 17611 WILLOW CREEK LUTZ, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D VORONICH, SEMEN 1859 SHORE DR. APT. #106 SOUTH PASADENA FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICOLAS, DUBOVY 6060 SHORE BLVD S GULFPORT, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SIKACHYNA, ALEX 3280 MCMULLEN BOOTH RD., APT.# 7 CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D IGOR ROSHTEN 25 N. MAYWOOD AVE. CLEARWATER FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>S. Voronich SEMEN VORONICH</u> 04-26-06 (727)345-4779 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					