2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT #750212 1. Entity Name SLAVIC EVANGELICAL BAPTIST CHURCH INC.				1	4-28-2006 90145 0		
Principal Place 635 64TH ST SAINT PETER		Mailing Address 17611 WILLOW CR LUTZ, FL 33549 US		3000			
2. Principal Place of Business		3. Mailing Address 1859 SHORE DR. APT.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. SOUTH PASADENA FU		04192006 C	hg-NP CR2E0:	37 (11/05)	
City & State	е	City & State	.7471	4. FEI Number 59-197171	14	<u> </u>	plied For t Applicable
Zip	Country	33707	Country	5. Certificate of Si	atus Desired	\$8.75 Add Fee Required	litional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	Agent	
GAPONIUI 17611 WIL LUTZ, FL	LOW CRK.BLVD.		Street Address	RONICH (P.O. Box Number is SHORE DR	SEMEN Not Acceptable) APT. # 1	06	
			City SOUT	H PASAL	ENA FL	Zip Code	7 <i>0</i> 7
8. The above the obligation of the obligation of the summer of the summe	named entity submits this statement for ions of registered agent.	or the purpose of changing its region $Seme \mathcal{N}$	istered office or regist	ered agent, or both, in	the State of Florida. I am		and accept
OR TANDIE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	gistered Agent argnature requir		DATE	, v <u> </u>	<u>, 2</u> 000
OKANA OTE :	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	s and title if applicable. (NOTE: Reg 9. Election Campai Trust Fund Contr	gstered Agent signature requi		DATE	k payable to	
10.	Filing Fee is \$61.25	Election Campai Trust Fund Conti	gstered Agent signature requi	\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to	o zate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Conti	gstered Agent signature requiring Financing ribution.	\$5.00 May Be Added to Fees	DATE Make chec	k payable to timent of St RECTORS IN	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR