2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # N01000005128 1. Entity Name 04-16-2004 90070 033 ****61.25 SLAVIC MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 1612 PLEASANT PARK DR E JACKSONVILLE FL 32225 1612 PLEASANT PARK DR E JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3751632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANDETO, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 200 W FORSYTH ST, STE 1100 **JACKSONVILLE FL 32202** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BIL TITLE Delete TITLE ☐ Change Addition ZAYCHENKO, ANTON Y NAME NAME 10927 SE 223RD STREET APT B STREET ADDRESS STREET ADDRESS KENT WA 98031 CITY-ST-ZIP CITY-ST-ZIP ZAYCHENKO, ANTONY Schange [19926 BALLINGER Way N.E. Apt. 15] SEATTLE, Wa 98155 TITLE ☐ Delete TITLE KALINA, NIKOLAY N NAME 1196 WILLIAM LAKE RD STREET ADDRESS STREET ADDRESS **EVANS WA 99126** CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition ZAYCHENKO, ANTON Y NAME __ 10927 S.E. 223RD STREET, APT. B STREET ADDRESS STREET ADDRESS **KENT WA 98031** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DMITRIY V. MOROZOU 1612 PHOSPANT PARK Dr. E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IACKSONVILLE. FL. CITY - ST- ZIF TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

City-ST-7IP

Date Da

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