


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 025 ****61.25

DOCUMENT # N04000006050	
1. Entity Name SLAVIC FULL GOSPEL CHURCH OF CLEARWATER, FL INC.	

Principal Place of Business 845 WOODLAWN STREET CLEARWATER, FL 33756	Mailing Address 845 WOODLAWN STREET CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1263947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VOYTOVICH, VASILY 845 WOODLAWN STREET CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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 Bee Voytovich Vasily 1-27-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STASHCHAK, PAVEL 1260 SALT LAKE DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATAZHAN, PETER 1627 TREASURE DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKOV, KONSTANTIN 2762 DIANA DRIVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMONCHENRO, VIKTOR 10423 TACOMA DR TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAK, VOLODYMYR 5318 19TH AVENUE SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOYTOVICH, VASILY 6400 AVENUE N., UNIT #6 ST. PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

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: Bee Voytovich Vasily 1-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #