


FILED
Feb 01, 2007 8:00 am
Secretary of State

40008483

DOCUMENT # N04000006050		02-01-2007 90035 036 ***61.25	
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	
2. Principal Place of Business - No P.O. Box # 1400 San Christopher		3. Mailing Address 1400 San Christopher	
Suite, Apt. #, etc. Dunedin FL		Suite, Apt. #, etc. Phx Dr Dunedin	
City & State Dunedin FL		City & State FL 34698	
Zip 34698		Country Dunedin	
6. Name and Address of Current Registered Agent VOYTOVICH, VASILY 845 WOODLAWN STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Voytovich, Vasily 1400 San Christopher Dr Dunedin, FL 34698	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE Breuer Voytovich		DATE 1-29-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete NAME STASHCHAK, PAVEL STREET ADDRESS 1260 SALT LAKE DRIVE CITY-ST-ZIP TARPON SPRINGS, FL 34689		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME BATAZHAN, PETER STREET ADDRESS 1627 TREASURE DRIVE CITY-ST-ZIP TARPON SPRINGS, FL 34689		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME MALKOV, KONSTANTIN STREET ADDRESS 2762 DIANA DRIVE CITY-ST-ZIP CLEARWATER, FL 33759		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME LIMONCHENRO, VIKTOR STREET ADDRESS 10423 TACOMA DR CITY-ST-ZIP TRINITY, FL 34655		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME SAK, VOLODYMYR STREET ADDRESS 5318 19TH AVENUE SOUTH CITY-ST-ZIP GULFPORT, FL 33707		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME VOYTOVICH, VASILY STREET ADDRESS 6400 AVENUE N., UNIT #6 CITY-ST-ZIP ST. PETERSBURG, FL 33709		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: Breuer Voytovich		DATE: 1-29-07	