



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006050 1. Entity Name SLAVIC FULL GOSPEL CHURCH OF CLEARWATER, FL INC.	
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Principal Place of Business 1400 SAN CHRISTOPHER DUNEDIN, FL 34698	Mailing Address: 1400 SAN CHRISTOPHER DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE

	
01252008 No Chg-NP	CR2E037 (4/06)
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
1400 SAN CHRISTOPHER DR
DUNEDIN, FL 34698

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

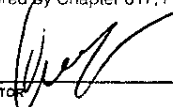
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000800764 01/31/08-80030-017 61.25
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10. OFFICERS AND DIRECTORS

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

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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: *Volodymyr SAK*  *1/25/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #