

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009254

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** UNITED STATES AND CAUCASUS ASSOCIATION FOR DEMOCRACY AND PEACE INC.

**Current Principal Place of Business:**

3414 N MAIN STR  
B  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1120 PUA LN  
# 301  
HONOLULU, HI 96817

**New Mailing Address:**

FEI Number: 68-0600915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MKHEIDZE, SHOTA PD  
1120 PUA LN  
#301  
HONOLULU HI, FL 96817 US

**Name and Address of New Registered Agent:**

MKHEIDZE, SHOTA PD  
3414 N MAIN STR  
B  
JACKSONVILLE, FL 32206 US

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.

SIGNATURE:

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MKHEIDZE, SHOTA  
Address: 1120 PUA LN APT # 301  
City-St-Zip: HONOLULU, HI 96817

Title: D ( ) Delete  
Name: GAMZIRI, ANZORI Z  
Address: #7 BATUIMI  
City-St-Zip: REPUBLIC OF GEORGIA 384001, OC

Title: D ( ) Delete  
Name: ELIZIANI, ZVIADI  
Address: 25200 CARLOS BEE BLVD APT 191  
City-St-Zip: HAYWARD, CA 94542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MIKE, HANCOCK P PRESNT  
Address: 13140 TAMARISK CT,  
City-St-Zip: JACKSONVILLE, FL 32246 FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOTA MKHEIDZE

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date