


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

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003131 1. Entity Name SLAVIC EVANGELICAL BAPTIST CHURCH OF NORTH PORT, INC.	
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Principal Place of Business 8130 GANCEDO AVE NORTH PORT, FL 34286	Mailing Address 8130 GANCEDO AVE NORTH PORT, FL 34286
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02022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2243237	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ISAKOV, PAVEL 8130 GANCEDO AVE NORTH PORT, FL 34286
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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 \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000818326 02/15/08-80038-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHELNOKOV, SERGEY 8130 GANCEDO AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHCHAVLINSKIY, NIKOLAY 8130 GANCEDO AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAKOV, PAVEL 8130 GANCEDO AVE NORTH PORT, FL 34286
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Pavel Isakov **02-03-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #