

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006036 1. Entity Name NORTH AMERICAN RUSSIAN COMMUNICATION ASSOCIATION, INC.																																																																													
Principal Place of Business FLORIDA ATLANTIC UNIVERSITY 777 GLADES RD BOCA RATON, FL 33431			Mailing Address GCS 259; PO BOX 3091 BOCA RATON, FL 33431-0991																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																											
City & State		City & State																																																																											
Zip	Country	Zip	Country																																																																										
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent WILLIAMS, DAVID C FLORIDA ATLANTIC UNIVERSITY 777 GLADES RD BOCA RATON, FL 33431 </div> <div> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"><div>FL</div><div>Zip Code</div></div> </div> </div>																																																																													
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.																																																																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u><i>David C Williams</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> <u>11-13-06</u> <small>DATE</small> </div> </div>																																																																													
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State																																																																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14959 WHATLEY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MATYASH, OLGA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE WEST 26TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIANAPOLIS, IN 46208</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEEBE, STEVEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TEXAS STATE UNIVERSITY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN MARCOS, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YOUNG, MARILYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1913 SAGEWAY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 323037329</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAZEN, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 7347 REYNOLDA STATION</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINSTON-SALEM, NC 271097329</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARBAUGH, DONAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>UNIVERSITY OF MASSACHUSETTS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AMHERST, MA 01003</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	WILLIAMS, DAVID		STREET ADDRESS	14959 WHATLEY RD		CITY-ST-ZIP	DELRAY BEACH, FL 33445		TITLE	DP	<input type="checkbox"/> Delete	NAME	MATYASH, OLGA		STREET ADDRESS	ONE WEST 26TH STREET		CITY-ST-ZIP	INDIANAPOLIS, IN 46208		TITLE	D	<input type="checkbox"/> Delete	NAME	BEEBE, STEVEN		STREET ADDRESS	TEXAS STATE UNIVERSITY		CITY-ST-ZIP	SAN MARCOS, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	YOUNG, MARILYN		STREET ADDRESS	1913 SAGEWAY DRIVE		CITY-ST-ZIP	TALLAHASSEE, FL 323037329		TITLE	D	<input type="checkbox"/> Delete	NAME	HAZEN, MICHAEL		STREET ADDRESS	BOX 7347 REYNOLDA STATION		CITY-ST-ZIP	WINSTON-SALEM, NC 271097329		TITLE	D	<input type="checkbox"/> Delete	NAME	CARBAUGH, DONAL		STREET ADDRESS	UNIVERSITY OF MASSACHUSETTS		CITY-ST-ZIP	AMHERST, MA 01003	
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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.																																																																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>David C Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> <u>11-13-06</u> <small>Date</small> </div> <div style="text-align: right;"> <u>561 297 0045</u> <small>Daytime Phone #</small> </div> </div>																																																																													