

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

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



07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3646152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID C
FLORIDA ATLANTIC UNIVERSITY
777 GLADES RD
BOCA RATON, FL 33431

**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 David C. Williams
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07-10-07
DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000768738
07/13/07-80010-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAVID 14959 WHATLEY RD DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATYASH, OLGA ONE WEST 26TH STREET INDIANAPOLIS, IN 46208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEBE, STEVEN TEXAS STATE UNIVERSITY SAN MARCOS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MARILYN 1913 SAGEWAY DRIVE TALLAHASSEE, FL 323037329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZEN, MICHAEL BOX 7347 REYNOLDA STATION WINSTON-SALEM, NC 271097329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBAUGH, DONAL UNIVERSITY OF MASSACHUSETTS AMHERST, MA 01003

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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: David C. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-07
Date

561-638-8803
Daytime Phone #