


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 031 \*\*\*\*80.00

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|---|--|--|--|---|--|
| <b>DOCUMENT # N05000006036</b>  |  |  |  |    |  |
| <b>1. Entity Name</b><br>NORTH AMERICAN RUSSIAN COMMUNICATION ASSOCIATION, INC.   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>FLORIDA ATLANTIC UNIVERSITY<br>777 GLADES RD<br>BOCA RATON, FL 33431  |  |  | <b>Mailing Address</b><br>GCS 259; PO BOX 3091<br>BOCA RATON, FL 33431-0991  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  | 02082008    Chg-NP    CR2E037 (12/06)   |  |
| Zip   |  | Country  |  | <b>4. FEI Number</b><br>20-3646152  |  |
| Zip   |  | Country  |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WILLIAMS, DAVID C<br>FLORIDA ATLANTIC UNIVERSITY<br>777 GLADES RD<br>BOCA RATON, FL 33431   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |  |
| <b>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.</b><br><br>SIGNATURE: <i>David C Williams</i> DATE: <i>2/08/08</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br>WILLIAMS, DAVID C<br>14959 WHATLEY RD<br>DELRAY BEACH, FL 33445                |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP</b> <input checked="" type="checkbox"/> Delete<br>MATYASH, OLGA<br>ONE WEST 26TH STREET<br>INDIANAPOLIS, IN 46208    |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>Irina N. Rozina</i><br><i>Dept. of Information Technologies, Institute of Management</i><br><i>Rostov-na-Donu, Russia</i> |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br>BEEBE, STEVEN<br>TEXAS STATE UNIVERSITY<br>SAN MARCOS, FL                      |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br>YOUNG, MARILYN<br>1913 SAGEWAY DRIVE<br>TALLAHASSEE, FL 323037329              |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br>HAZEN, MICHAEL<br>BOX 7347 REYNOLDA STATION<br>WINSTON-SALEM, NC 271097329     |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input checked="" type="checkbox"/> Delete<br>CARBAUGH, DONAL<br>UNIVERSITY OF MASSACHUSETTS<br>AMHERST, MA 01003 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>Joe Dailey</i><br><i>410 E. College Ave.</i><br><i>Waukesha, WI 531186</i>  |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>David C Williams</i> <i>David C Williams</i>   |  |  | Date: <i>2/08/08</i> Daytime Phone #: <i>561 297 0045</i>  |   |  |