

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006036

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTH AMERICAN RUSSIAN COMMUNICATION ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA ATLANTIC UNIVERSITY
777 GLADES RD
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

GCS 259; PO BOX 3091
BOCA RATON, FL 334310991

New Mailing Address:

FEI Number: 20-3646152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DAVID
Address: 14959 WHATLEY RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: DP () Delete
Name: ROZINA, IRINA N
Address: DEPT OF INFORMATION TECH
City-St-Zip: ROSTON, RU

Title: D () Delete
Name: BEEBE, STEVEN
Address: TEXAS STATE UNIVERSITY
City-St-Zip: SAN MARCOS, FL

Title: D () Delete
Name: YOUNG, MARILYN
Address: 1913 SAGEWAY DRIVE
City-St-Zip: TALLAHASSEE, FL 323037329

Title: D () Delete
Name: HAZEN, MICHAEL
Address: BOX 7347 REYNOLDA STATION
City-St-Zip: WINSTON-SALEM, NC 271097329

Title: D () Delete
Name: DAILEY, JOE
Address: 410 E COLLEGE AVE
City-St-Zip: WAUKESHA, WI 531186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, DAVID C
Address: 14959 WHATLEY RD
City-St-Zip: DELRAY BEACH, FL 33445

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

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Name:
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Address:
City-St-Zip:

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: DAVID CRATIS WILLIAMS

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date