

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006036

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** EURASIAN COMMUNICATION ASSOCIATION OF NORTH AMERICA, 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  
SCHOOL OF COMMUNICATION & MULTIMEDIA STUDI  
BOCA RATON, FL 334310991

**New Mailing Address:**

CU 210  
SCHOOL OF COMMUNICATION & MULTIMEDIA STUDI  
BOCA RATON, FL 334310991 US

**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  
Name: WILLIAMS, DAVID C  
Address: 1193 SW 19TH ST  
City-St-Zip: BOCA RATON, FL 33486

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

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

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

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

Title: D  
Name: SOMOILENKO, SERGEI  
Address: 4400 UNIVERSITY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID CRATIS WILLIAMS

DR

04/12/2012

Electronic Signature of Signing Officer or Director

Date