

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N07537

1. Entity Name

LATVIAN RELIEF ASSOCIATION OF FLORIDA -  
DAUGAVAS VANAGI, INC.



**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

4720 LOCUST ST., NE #311  
ST. PETERSBURG FL 33703

Mailing Address

4720 LOCUST ST., NE #311  
ST. PETERSBURG FL 33703



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2546885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKAIDRITE, PRINCIS  
4720 LOCUST ST., NE #311  
ST. PETERSBURG FL 33703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRINCIS, SKAIDRITE	
STREET ADDRESS	4720 LOCUST ST. NE	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VIRZINS, EDGARS	
STREET ADDRESS	7665 SUN ISLAND DR. #208	
CITY-STATE-ZIP	S. PASADENA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIRZINS, ASTRIDA	
STREET ADDRESS	7665 SUN ISLAND DR. #208	
CITY-STATE-ZIP	S. PASADENA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARE, IRENE	
STREET ADDRESS	4055 7TH ST N	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAKARNIS, IKARS	
STREET ADDRESS	105 12TH AVE	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUZMINS, IGNATS	
STREET ADDRESS	2901 1ST ST NE	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33704	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000602823  
01/26/07-80107-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

*SKAIDRITE PRINCIS* SKAIDRITE PRINCIS

January 22, 07, 1727/527-2680