2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N07537

Entity Name: LATVIAN RELIEF ASSOCIATION OF FLORIDA - DAUGAVAS VANAGI, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2546885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKAIDRITE, PRINCIS
4720 LOCUST ST., NE #311
ST. PETERSBURG, FL 33703 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:	PD	( ) Delete
Name:	PRINCIS, SKAIDRITE,	
Address:	4720 LOCUST ST. NE	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	TD	( ) Delete
Name:	VIRZINS, EDGARS,	
Address:	7665 SUN ISLAND DR. #208	
City-St-Zip:	S. PASADENA, FL	
Title:	SD	( ) Delete
Name:	VIRZINS, ASTRIDA,	
Address:	7665 SUN ISLAND DR. #208	
City-St-Zip:	S. PASADENA, FL	
Title:	D	( ) Delete
Name:	ARE, IRENE	
Address:	4055 7TH ST N	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	D	( ) Delete
Name:	CAKARNIS, IKARS	
Address:	105 12TH AVE	
City-St-Zip:	SAINT PETERSBURG, FL 33706	
Title:	D	( ) Delete
Name:	KUZMINS, IGNATS	
Address:	2901 1ST ST NE	
City-St-Zip:	SAINT PETERSBURG, FL 33704	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: SKAIDRITE PRINCIS PRES 03/06/2009

Electronic Signature of Signing Officer or Director — Date