


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005374 1. Entity Name FIRST SLAVIC PENTECOSTAL INC.					
Principal Place of Business 5848 TROPICAIRES BLVD. NORTH PORT FL 34286 US			Mailing Address 5848 TROPICAIRES BLVD. NORTH PORT FL 34286 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0461288	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYCHUCK, MIRON 3792 SUBURBAN LANE NORTH PORT FL 34287				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GUDNYI, ANATOLIY 4765 PAN-AMERICAN BLVD. NORTH PORT FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHTCHAVLINSKI, IRINA 1735 STIMMEL ST. NORTH PORT FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SIMONCHIK, VASILY 3490 LULLABY RD. NORTH PORT FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DZHUGA, NIKOLAY JR 12322 TANGIER ST. NORTH PORT FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KISLYAK, NIKOLAY 7325 KENWOOD DR. NORTH PORT FL 34287 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TUR, VICTOR 2636 BELVIDERE ST. NORTH PORT FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: MIRON BOYCHUCK			03-13-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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.

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 NAME STREET ADDRESS CITY - ST - ZIP
S
GUDNYI, ANATOLIY
4765 PAN-AMERICAN BLVD.
NORTH PORT FL 34287 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME STREET ADDRESS CITY - ST - ZIP
☐ Change ☐ Addition
000000274340
03/24/05-80006-017 61.25

TITLE NAME STREET ADDRESS CITY - ST - ZIP
T
CHTCHAVLINSKI, IRINA
1735 STIMMEL ST.
NORTH PORT FL 34286 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP
T
SIMONCHIK, VASILY
3490 LULLABY RD.
NORTH PORT FL 34287 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP
T
DZHUGA, NIKOLAY JR
12322 TANGIER ST.
NORTH PORT FL 34287 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP
T
KISLYAK, NIKOLAY
7325 KENWOOD DR.
NORTH PORT FL 34287 ☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP
T
TUR, VICTOR
2636 BELVIDERE ST.
NORTH PORT FL 34286 ☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #