


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 037 ****61.25

DOCUMENT # N93000005374	
1. Entity Name FIRST SLAVIC PENTECOSTAL INC.	

Principal Place of Business 5848 TROPICAIRE BLVD. NORTH PORT FL 34286 US	Mailing Address 5848 TROPICAIRE BLVD. NORTH PORT FL 34286 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0461288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYCHUCK, MIRON 3792 SUBURBAN LANE NORTH PORT FL 34287
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW: FEE IS \$61.25 Due By: September 6, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	GUDNYI, ANATOLIY
STREET ADDRESS	4765 PAN-AMERICAN BLVD.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	CHTCHAVLINSKI, IRINA
STREET ADDRESS	1735 STIMMEL ST.
CITY - ST - ZIP	NORTH PORT FL 34286
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	SIMONCHIK, VASILY
STREET ADDRESS	3490 LULLABY RD.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	DZHUGA, NIKOLAY JR
STREET ADDRESS	12322 TANGIER ST.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	T <input type="checkbox"/> Delete
NAME	KISLYAK, NIKOLAY
STREET ADDRESS	7325 KENWOOD DR.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	T <input type="checkbox"/> Delete
NAME	TUR, VICTOR
STREET ADDRESS	2636 BELWIDERE ST. 1794 Greenhill Ave
CITY - ST - ZIP	NORTH PORT FL 34286

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZHUGA, NIKOLAY JR
STREET ADDRESS	12322 TANGIER ST.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONCHIK, VICTOR
STREET ADDRESS	2676 GISELA RD
CITY - ST - ZIP	NORTH PORT, FL 34287
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHDANETS, Anatoliy
STREET ADDRESS	4850 LIBBY ST.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *[Signature]* 08-24-06 941-661-1540