

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

DOCUMENT # N93000005374

1. Entity Name

FIRST SLAVIC PENTECOSTAL INC.



**FILED  
May 16, 2007 8:00 am  
Secretary of State**

05-16-2007 90024 017 \*\*\*\*61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address		
5848 TROPICAIRE BLVD. NORTH PORT FL 34286 US	5848 TROPICAIRE BLVD. NORTH PORT FL 34286		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suitc. Apt. #, etc.	Suitc. Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0461288	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYCHUCK, MIRON 3792 SUBURBAN LANE NORTH PORT FL 34287		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. <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUDNYY, 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 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 SIMONCHIK, VASILY 2676 GISELA RD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICTOR SIMONCHIK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2676 GISELA RD NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOHDANETS, ANATOLIY 4850 LIBBY 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TYURIY Hrashev <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4213 Grobe St NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUR, VICTOR 1794 GREENHILL AVE 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 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 all other like empowered.

SIGNATURE: *Miroslav Boychuk* 04-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #