## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005374

Entity Name: FIRST SLAVIC PENTECOSTAL INC.

FILED May 01, 2008 Secretary of State

•			
Current Principal Place of Business:		New Principal Place of Business:	
	PICAIRE BLVD. DRT, FL 34286 US		
Current Mailing Address:		New Mailing Address:	
	PICAIRE BLVD. DRT, FL 34286 US		
FEI Number: 65-0461288 FEI Number Applied For ( ) FEI Number Normal In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the price Name and Address of Current Registered Agent: Name			
3792 SUBURBAN LANE		BOYCHUK, MIRON 3792 SUBURBAN LANE NORTH PORT, FL 34287 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATURE: MIRON			05/01/2008
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete GUDNYY, ANATOLIY 4765 PAN-AMERICAN BLVD. NORTH PORT, FL 34287 US	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition MAKSIMCHUK, VASILIY 11925 ALLYON DR. NORTH PORT, FL 34287 US
Title: Name: Address: City-St-Zip:	T () Delete DZHUGA, NIKOLAY JR 12322 TANGIER ST. NORTH PORT, FL 34287 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete SIMONTCHIK, VICTOR 2676 GISELA RD NORTH PORT, FL 34287	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete BOHDANETS, ANATOLIY 4850 LIBBY ST NORTH PORT, FL 34287 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete HRASHEV, YURIY 4213 GROBE ST NORTH PORT, FL 34287	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition HROSHEV, YURIY 4213 GROBE ST NORTH PORT, FL 34287
Title:	T () Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

05/01/2008 SIGNATURE: MIRON BOYCHUK Ρ

TUR, VICTOR

1794 GREENHILL AVE

NORTH PORT, FL 34286

Name:

Address:

City-St-Zip: