

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 016 ****61.25

DOCUMENT # N94000000533

1. Corporation Name

REVIVAL OF EAST SLAVIC LAND, INC.

Principal Place of Business
**11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218**

Mailing Address
**11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218**



* 4 9 3 9 0 3 - 9 0 1 6 3 - 0 1 6 *
493903-90163-16

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/24/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3218149	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**MALLOY, TWINKLE
11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERNYAVSKIY, VIKTOR	1.2 NAME	Pastor DEERING, MANANING
STREET ADDRESS	11701 WATER BLUFF DRIVE	1.3 STREET ADDRESS	1134 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, TWINKLE	2.2 NAME	
STREET ADDRESS	11701 WATER BLUFF DR. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	BOARD MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTLER, MARTIN	3.2 NAME	SATTLER, MARK
STREET ADDRESS	14003 N. MAIN ST.	3.3 STREET ADDRESS	14003 N. MAIN ST.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Colberg, Tom
STREET ADDRESS		4.3 STREET ADDRESS	1134 BLANDING BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Pastor Ligon, BILL T.
STREET ADDRESS		5.3 STREET ADDRESS	811 OCEAN BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. SIMON ISLAND, GA. 31522
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Twinkle F. Malloy 4-30-99 904-751-0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)