

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000005767 (7)**

1. Corporation Name

**FIRST RUSSIAN UKRAINIAN EVANGELICAL BAPTIST CHURCH OF MIAMI, INC.**

Principal Place of Business

**400 NW 73 AVE  
MIAMI FL 33126-4230**

Mailing Address

**318 JACKSON ST  
HOLLYWOOD FL 33019**



2. Principal Place of Business

**21 1701 MONROE ST.**

Suite, Apt. #, etc.

**23 Hollywood FL**

**24 33020 25 USA**

2a. Mailing Address

**26 P.O. BOX 1170**

Suite, Apt. #, etc.

**28 Hollywood FL**

**29 33022 30 USA**

3. Date Incorporated or Qualified

**12/07/1995**

3a. Date of Last Report

**N/A**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ONOUFRIENKO, IOURI  
1710 NE 191 ST. B-3  
APT 103 L.O.  
N MIAMI FL 33179**

10. Name and Address of New Registered Agent

**81 Name IOURI ONOUFRIENKO  
82 Street Address (P.O. Box Number is Not Acceptable) 1710 NE 191 ST B-3 Apt 103  
83  
84 City N. MIAMI FL 85 Zip Code 33179**

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

*IOURI ONOUFRIENKO*

(NOTE: Registered Agent signature required when reinstating)

**04/03/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **NICOLAYEV, SERGEI**  
STREET ADDRESS **942 SPRING WOOD LN**  
CITY-ST-ZIP **DUCANVILLE TX 75137**

TITLE **S** ☐ DELETE  
NAME **ONOUFRIENKO, IOURI**  
STREET ADDRESS **1710 NE 191 ST B-3, #103**  
CITY-ST-ZIP **N MIAMI FL 33179**

TITLE **D** ☐ DELETE  
NAME **SERDIUK, ANNA**  
STREET ADDRESS **2200 W BAY DR #1**  
CITY-ST-ZIP **MIAMI FL 33141**

TITLE **D** ☐ DELETE  
NAME **NAZARUK, LIDIA**  
STREET ADDRESS **432 NE 89 ST**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ DELETE  
NAME **SHULYIPIN, WILLIM**  
STREET ADDRESS **212 189 ST**  
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.** ☐ Change ☒ Addition  
1.2 NAME **MUDRYK STEFAN**  
1.3 STREET ADDRESS **318 JACKSON ST.**  
1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)