

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001974

FILED
Mar 28, 2009
Secretary of State

Entity Name: PARISH OF ST. ANDREWS RUSSIAN ORTHODOX CHURCH, INC.

Current Principal Place of Business:

4668 15TH AVE SOUTH
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

437 65TH ST. N.
ST PETERSBURG, FL 337107764

New Mailing Address:

437 65-TH STREET NORTH
ST PETERSBURG, FL 33710

FEI Number: 59-2247704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHITIKOV, IGOR
4668 15TH AVE SOUTH
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

CHITIKOV, IGOR
437 65-TH STREET NORTH
ST PETERSBURG, FL 33710 US

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.

SIGNATURE: CHITIKOV

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHITIKOV, IGOR
Address: 4668 15TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: D () Delete
Name: HETSCHINOV, KONSTANTIN
Address: 6020 SHORE BLVD #505
City-St-Zip: GULFPORT, FL 33707

Title: T () Delete
Name: HETSCHINOF, TATIANA
Address: 4668 15TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: DS () Delete
Name: PARCHOMENKO, IRINA
Address: 3730 44 AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: SMITH, TATIANA
Address: 325 89 AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: T () Delete
Name: REUNOVA, OLGA
Address: 7135 50 AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHITIKOV, IGOR
Address: 437 65-TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SOBOLEVA, YULIYA
Address: 2519 W. SERN STREET
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHITIKOV

D

03/28/2009

Electronic Signature of Signing Officer or Director

Date