FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT May 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N97000000865 (2) DOCUMENT #
1. Corporation Name SLAVIC ASSOCIATION FOR THE POOR, INC. Principal Place of Business Mailing Address 7810 LA TREC DRIVE 7818 LA TREC DRIVE 3. Date Incorporated or Qualified JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 02/13/1997 4. FEI Number 59 · 34 35278 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association?

2 Yes No City & State 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, TOM 82 Street Address (P.O. Box Number is Not Acceptable) 280 CORPORATE WAY 83 **ORANGE PARK FL 32073** 84 City Zip Code 85 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

OY. 17. 98 (NOTE: Registered Agent signature required when reinstating) Signature, typed or print of name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. "D" DELETE Addition 1.1 TITLE Change TITLE Connell NAME 1.2 NAME ALRX 7818 La TREC DR STREET ADDRESS 1.3 STREET ADDRESS lackson ville, 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NADEZHUA KUKURUDZYAK NAME 2.2 NAME STREET ADDRESS 7818 LA TREC DR 2.3 STREET ADDRESS SACKSONVILLE 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ___ Addition TITLE 3.1 TITLE VALENTINA NAME 3.2 NAME 3264 Latrelle STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP MCKSONVILLE 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

KUKURUDZYAK Alex

DELETE

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Change

Addition