

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 032 ****61.25

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1. Corporation Name

MAYA PLISETSKAYA AND RODION SHCHEDRIN INTERNATIONAL FOUNDATION, INC.

Principal Place of Business
**500 CANAL STREET
NEW SMYRNA BEACH FL 32168**

Mailing Address
**500 CANAL STREET
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3498066

Applied For:

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREWER, MICHAEL L
500 CANAL STREET
NEW SMYRNA BEACH FL 32168**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE **D**
NAME **PLISETSKAYA, MAYA**
STREET ADDRESS **THERESIEN STR. 23**
CITY-ST-ZIP **MUNICH GERMANY 80333**

1.1 TITLE **D**
1.2 NAME **NIELS, ELGER**
1.3 STREET ADDRESS **Ho Flaan 215**
1.4 CITY-ST-ZIP **NL2321 SR Leiden, Netherlands**

TITLE **D**
NAME **SHCHEDRIN, RODION**
STREET ADDRESS **THERESIEN STR. 23**
CITY-ST-ZIP **MUNICH GERMANY 80333**

2.1 TITLE **D**
2.2 NAME **SHADRINA, NATALIA**
2.3 STREET ADDRESS **Begovaya UL.6 Block 3, Apt. 159**
2.4 CITY-ST-ZIP **125284 Moscow, Russia**

TITLE **D**
NAME **BREWER, MICHAEL L**
STREET ADDRESS **500 CANAL STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

3.1 TITLE **D**
3.2 NAME **VENGEROV, MAXIM c/o Mark Hilbrew**
3.3 STREET ADDRESS **Askonas Holt Ltd., Lonsdale Chambers**
3.4 CITY-ST-ZIP **27 Chancery Lane, London WC2A1PF**

TITLE **D**
NAME **TCHELISTSCHEFF, VICTOR**
STREET ADDRESS **384 DESOTO DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

4.1 TITLE **D**
4.2 NAME **KALASNIKOVA, NATALIA**
4.3 STREET ADDRESS **Vitauto 52-12**
4.4 CITY-ST-ZIP **4050 Trakai, Lithuania**

TITLE **D**
NAME **FETSCHER, SUZANNE**
STREET ADDRESS **72 CLUBHOUSE BLVD.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

5.1 TITLE **D**
5.2 NAME **FETSCHER, Suzanne**
5.3 STREET ADDRESS **400 N. Church Street, Apt. 214**
5.4 CITY-ST-ZIP **Charlotte, NC 28202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)