

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011121

**Entity Name:** COFFEE WITH SISTER VASSA INC.

**Current Principal Place of Business:**

7901 4TH ST. N  
SUITE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST. N  
SUITE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 84-3453727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST. N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title LEAD MINISTER, PRESIDENT,  
DIRECTOR  
Name LARIN, VARVARA BARBARA DR.  
Address FRANZ JOSEFS KAI 29/607  
City-State-Zip: VIENNA 1010

Title DEACON, SECRETARY, DIRECTOR  
Name FILLIPAKIS, ALEXANDRA DR.  
Address 41 MARINA DR.  
City-State-Zip: HAVERHILL MA 01830

Title TREASURER, DIRECTOR  
Name KLINGEL, JOHN ARCHPRIEST  
Address 7901 4TH ST. N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title S  
Name FILLIPAKIS, ALEXANDRA  
Address 41 MARINA DRIVE  
City-State-Zip: HAVERHILL MA 01830

Title T  
Name KLINGEL, JOHN  
Address 7901 4TH STREET NORTH, SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN KLINGEL

TREASURER AND  
DIRECTOR

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date