



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Due no later than: 10/31/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 633005
Non-Profit Corporation (D)

Filing Status: Active-Good Standing
Date Formed: 10/17/2017

Formation Locale: ID

Name and Mailing Address:
BETHESDA CHRISTIAN CHURCH, INC.
1021 W 8TH ST
MERIDIAN, ID 83642-2003

(1) Add or Change Mailing Address:

17420 COPPER SPUR AV
NAMPA, ID, 83687

Registered Agent (RA) and Registered Office (RO) Address:
VIKTOR POLYAKOV
17420 COPPER SPUR AVE
NAMPA, ID 83687

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title | Name | Business Address | City, State, Zip |
|----------------|----------------------|-------------------------|---------------------|
| PRESIDENT | VIKTOR N POLYAKOV | 17420 COPPER SPUR AV | NAMPA, ID, 83687 |
| VICE PRESIDENT | ALEKSANDR REZANOVICH | 3316 S. ROCK SPRING WAY | NAMPA, ID, 83686 |
| SECRETARY | DANIEL SOLOVY | 12248 ORCHARD AVE | NAMPA, ID, 83657 |
| TREASURER | MARIYA VOLOVYK | 1103 W. PINE AV, #201 | MERIDIAN, ID, 83682 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|----------------------|-------------------------|------------------|
| VIKTOR N. POLYAKOV | 17420 COPPER SPUR AV | NAMPA, ID, 83687 |
| ALEKSANDR REZANOVICH | 3316 S. ROCK SPRING WAY | NAMPA, ID, 83686 |
| DANIEL SOLOVY | 12248 ORCHARD AVE | NAMPA, ID, 83657 |
| | | |
| | | |

(5) Signature:

(6) Date:

11-14-2023

(7) Type/Print Name:

VIKTOR N. POLYAKOV

(8) Title:

ADMINISTRATOR/PRESIDENT

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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