

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

MAY 20 11:10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 735596 (9)
 1. Corporation Name
MIMS UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
3302 GREEN ST. MIMS FL 32754

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **04/16/1976** 3a. Date of Last Report **03/08/1994**
 4. FE Number **59-2354758** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country
 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DOUGHERTY, WILLIAM
4139 SWEET BAY DRIVE
MIMS FL 32754

10. Name and Address of New Registered Agent
 81 Name **Theodore D. Walker**
 82 Street Address (P.O. Box Number is Not Acceptable) **3283 Old Dixie Hwy.**
 83
 84 City **Mims** FL 85 Zip Code **32754**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Theodore D. Walker* 5/8/95
(Type printed name of registered agent or officer or director)
(Type Registered Agent signature or print name)

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	DAVIS, JOHN
STREET ADDRESS	1895 N. DIXIE AVE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	DS
NAME	WOOD, NANCY
STREET ADDRESS	3060 AVON LANE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	D
NAME	KEISLER, BRENTON
STREET ADDRESS	3357 KYZER STREET
CITY, ST, ZIP	MIMS FL
TITLE	D
NAME	FEAGAN, WILLIAM
STREET ADDRESS	2230 SINGLETON AVE
CITY, ST, ZIP	MIMS FL
TITLE	T
NAME	ROGERS, CAROL
STREET ADDRESS	1185 CRESCENT DRIVE
CITY, ST, ZIP	TITUSVILLE FL
TITLE	D
NAME	KERSHNER, NINA
STREET ADDRESS	4144 W. MAIN STREET
CITY, ST, ZIP	MIMS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William L. Feagan, Sr.	
13 STREET ADDRESS	2230 Singleton Ave.	
14 CITY, ST, ZIP	Mims, FL 32754	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Hannen, Lillian	
23 STREET ADDRESS	4263 Hammock Tr.	
24 CITY, ST, ZIP	Mims, FL 32754	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Cohen, Herb	
33 STREET ADDRESS	3405 Oliver Ct.	
34 CITY, ST, ZIP	Mims, FL 32754	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Herzog, John	
43 STREET ADDRESS	351 San Mateo Blvd.	
44 CITY, ST, ZIP	Titusville, FL 32780	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Walter, Herman	
53 STREET ADDRESS	1303 Lantern Dr.	
54 CITY, ST, ZIP	Titusville, FL 32796	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Harris, Ed.	
63 STREET ADDRESS	3504 W. Main St.	
64 CITY, ST, ZIP	Mims, FL 32754	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Theodore D. Walker* 3/20/95 407 267-1798
(Type printed name of signing officer or director)
(Type) (Allow 1 week)

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APPROVED AND FILED
 MAY 10 1994
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738733 (5)
 Corporation Name
ST. ANDREW'S UKRAINIAN RELIGIOUS AND CULTURAL CENTER AND CHURCH INCORPORATED

Principal Place of Business: **4100 S. BISCAYNE DR. NORTH PORT FL 34287 US**
 Mailing Address: **P.O. BOX 7577 NORTH PORT FL 34287 US**

2. Principal Place of Business: **21**
 Suite, Apt. #, etc
 City & State
23
 Zip
25
 Mailing Address: **26**
 Suite, Apt. #, etc
 City & State
27
 Zip
29
 Country
30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/19/1977**
 3a. Date of Last Report: **03/24/1994**

4. FEI Number: **59-1766803**
 Applied For:
 Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199 (3)(2), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RIZNYK, WALTER
232 SAN REMO AVENUE, WARM MINERAL SPRINGS
VENICE FL 34287

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____
Registration Required (Type or print name of registered agent and title, if applicable) (607) Registered Agent (signature required when registering) (607)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHRAMENKO, ROMAN
STREET ADDRESS	816 CAPRI ISLES BLVD.
CITY, ST, ZIP	VENICE FL
TITLE	VPD
NAME	RIZNYK, PAULINE
STREET ADDRESS	232 SAN REMO
CITY, ST, ZIP	WARM MINERAL SPRINGS FL
TITLE	S
NAME	KOWALSKY, MARIA
STREET ADDRESS	12300 URBINO ST
CITY, ST, ZIP	WARM MINERAL SPRINGS FL
TITLE	TD
NAME	BELENDIUK, MICHAEL
STREET ADDRESS	448 HARDAND AVE
CITY, ST, ZIP	WARM MINERAL SPRINGS,
TITLE	D
NAME	TASCHUK, JOHN
STREET ADDRESS	22632 ADORN AVE.
CITY, ST, ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD
43 STREET ADDRESS	WASHCHYNSKY BOHDAN
44 CITY, ST, ZIP	3445 MONTGOMERY DR. PORT CHARLOTTE FL 33981
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 in any attachment with an address.

SIGNATURE: *Bowdan Washchynsky* **BOHDAN WASHCHYNSKY** 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature)