FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995 5-1-95

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

8 days XC

APPROVED AND FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740142 (5)

1. Corporation Name

UKRAINIAN UNITY OF ST. WLADYMIR, INC.

Principal Place of Business	Mailing Address
245 E LAKE MCCOY DR APOPKA FL 32712	245 E LAKE MCCOY DR APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1977

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1784548 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

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 ☒ 61.25 Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALTER, FICYK
327 EVERGREEN COURT
APOPKA FL 32712

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	FICYK, WASYL	1.2 NAME	
STREET ADDRESS	327 EVERGREEN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KONOTOPSKY, JULIAN	2.2 NAME	
STREET ADDRESS	2710 HAGEN CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MELESHKO, TAISSA	3.2 NAME	
STREET ADDRESS	10 W NIGHTINGALE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALEKSANDER, KULYNYCZ	4.2 NAME	
STREET ADDRESS	905 ROYAL PALM CONAR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	KOWAL, THEODORE	5.2 NAME	
STREET ADDRESS	301 HICKORY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	KRAWCZUK, ANNA	6.2 NAME	
STREET ADDRESS	779 DAN RIVER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Walter Ficyk 04-25-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000744