2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 740142

1. Entity Name
UKRAINIAN UNITY OF ST. WLADYMIR, INC.

Principal Place of Business	Mailing Address
245 E LAKE MCCOY DR APOPKA, FL 32712	10 W NIGHTINGALE ST APOPKA, FL 32712

01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

WALTER, FICYK
327 EVERGREEN COURT
APOPKA, FL 32712

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000072920
03/02/2004-80014-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FICYK, WASYL
STREET ADDRESS	327 EVERGREEN CT
CITY-ST-ZIP	APOPKA, FL
TITLE	V
NAME	SHEVCHENKO, ARTHUR
STREET ADDRESS	2018 WOODCREST CT
CITY-ST-ZIP	WINTER PARK, FL 327925414
TITLE	PD
NAME	MELESHKO, TAISSA
STREET ADDRESS	10 W NIGHTINGALE ST
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	PENIAK, MARIJKA
STREET ADDRESS	3855 HS WAY N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	T
NAME	KOWEL, ANNA
STREET ADDRESS	1833 OLIVIA CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	KWASNYCKA, ANNA
STREET ADDRESS	321 LAKE MCCOY DR
CITY-ST-ZIP	APOPKA, FL 32712

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irena Lawno 2/4/04 407-884-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #