

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767462 (5)
1. Corporation Name
UKRAINIAN AMERICAN CLUB OF THE PALM BEACHES INC.



Principal Place of Business: **603 NORTH DIXIE HWY. LAKE WORTH FL 33460**
Mailing Address: **603 NORTH DIXIE HWY. LAKE WORTH FL 33460**

3. Date Incorporated or Qualified: **03/14/1983**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2375275		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		29 Zip		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAWLUK, JOHN 508 SHADY PINE WAY GREENACRES FL 33463				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYK, OLGA	1.2 NAME	
STREET ADDRESS	603 S. DIXIE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRABYK, HELEN	2.2 NAME	
STREET ADDRESS	808 IVY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33414	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNGERCHUK, OSTOP	3.2 NAME	
STREET ADDRESS	1230 SOUTH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYK, WILLIAM	4.2 NAME	DVP
STREET ADDRESS	603 S DIXIE HWY	4.3 STREET ADDRESS	BYK, WILLIAM
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	603 S.DIXIE HWY
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	LAKE WORTH, FL 33460
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	800001800058
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	04/29/96 01130-020
NAME		6.2 NAME	***61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: *Olga Byk* Date: **4/1/96** Daytime Phone #: **585-1325**

CR2E037 (12/95)

DM 4-29-96