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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

HULY M	NENT # NO8881 OTHER OF GOD UKRAINIA	` '	RCH, IN				811 <b>8</b> 4 <b>8</b> 14 =>=	(() &  &  &  488
C.	Official designation							
ncipal Place o	of Business	Mailing Address				[[#1 #1#19 #1#11 #1	#14 #1#11 #14	
20 MOORES	LAKE RD.	3820 MOORES LAKE RI	Ď.					
O BOX 738 Over FL 3352	97	P O BOX 738 DOVER FL 33527			The Control	3a. Date	of Loci Po	
J*E11 1 E 000	<b>.</b> ,				<ol> <li>Date Incorporated or Qualified 04/23/1985</li> </ol>	3a. Date 4	/14/199	9 <b>5</b>
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			plied For
		26		59-2715568			t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	· <del></del>		6. Election Campaign Financing		\$5.00	
		28	··1 ==		Trust Fund Contribution		Added t	
Zip	Country	Z <sub>1</sub> p	Gountr 30	У	This corporation has liability for Florida Statutes	intangible tax t	unders. H O	99.032,
	25 g. Name and Address of Curren	1	1301		10. Name and Address of New F	Registered Ag	ent	
			8					
	ARTHUR J. (M.D.)	<b>82</b> Str		Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
3820 MOORES LAKE RD DOVER FL 33527			8	3				
DOVER F	L 33321		8	4 City			<b>85</b> Zip (	Code
			-	<b>)</b> ′	ration submits this statement for the pured of directors. I hereby accept the app	FL		
familiar with SNATHRE	go agent, or both, in the state of Florid h, and accept the obligations of, Sect Standure, typed or profed name of registance agent	ION 617.0005, Fidinga Statutes	a. 	mot signature recurs	ration submits this statement for the porrd of directors. I hereby accept the app	DATE		
1						LICECIC AND F		
!	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES 10 OF		Change	Addition
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LE ME		D DIRECTORS	1.1 TITL 1.2 NAM		ADDITIONS/OHANGES 10 OF			
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