FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

3820 MOORES LAKE RD. P O BOX 738

Suite, Apt. #, etc.

DOVER FL 33527

N08881

(7)

Mailing Address

P O BOX 738

DOVER FL 33527

2a. Mailing Address

Suite, Apt. #, etc.

3820 MOORES LAKE RD.

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN C.

FILED Jan 30 1998 8:00am Secretary of State

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Not Applicable

\$8.75 Additional

Fee Regulred

\$5.00 May Be

3. Date Incorporated or Qualified								
04/23/1985								
4. FFI Number	Applied For							

59-2715568

5. Certificate of Status Desired

6. Election Campaign Financing

22		27					Trust Fund Contribution		Added to	Fees			
City & State		City & State				7.	Is this nonprofit corporation a ho			n?	1		
23			28					<u>_</u>	Yes 12	₹ No			
Zip	— · · · · ·	Country Zip Co			Country		8.	This corporation owes or has pa				l	
24	25	29		30				Personal Property Tax due June			No No	ļ	
	9. Name and Address of Current	Registered A	gent		04		10.	Name and Address of New Re	gistered /	<u>Agent</u>		ł	
					81	Name							
	ARTHUR J. (M.D.)			ŀ	82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
3820 MOORES LAKE RD											1		
DOVER	FL 33527				83							l	
				t	84	City		****		85 Zip (Code	l	
						•	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												l	
office or registered agent, or both, in the State of Horida. 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 .												l	
	Signature, typed or printed name of registered agent		e. (NOTE		Ager	nt signature required		4-	DATE			li	
12.	OFFICERS AND	DIRECTORS	Decient	13.			A	DDITIONS/CHANGES TO OFFIC	ERS AND		proces	ŀ	
TITLE				1.1 TITLE					L Change	Addition	ŀ		
NAME				1.2 NAME							ľ		
					1.3 STREET ADDRESS							l	
CITY-ST-ZIP				_	1.4 CiTY - ST - ZiP						1 Laurence	ľ	
TITLE				2.1 TITLE					L Change	Addition	ľ		
NAME	1411145114			1	2.2 NAME							ł	
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CITY-ST-ZIP				2. 4 CITY-ST-ZIP					Channe	Addition	ĺ		
TITLE				3.1 TITLE					Change	Addition	ĺ		
NAME				3.2 NAME							l		
STREET ADDRESS				3.3 STREET ADDRESS							l		
CITY-ST-ZIP	SUN CITY CENTRE FL 33573		Clarity	3.4. CI		T-2!P					4.400	l	
TITLE	TD		☐ DELETE	4.1 TIT		1				Change	Addition	l	
NAME	FIELDER, DUANE			4, 2 NAME							l		
STREET ADDRESS	3114 KING PHILLIP WAY			4.3 ST	REET A	ADDRESS						l	
CITY - ST - ZiP	SEFFNER FL			4.4 CIT		-ZIP						l	
TITLE			DELETE	5.1 TIT						Change	Addition	l	
NAME				5.2 NA								i	
STREET ADDRESS 5.			5.3 ST	5.3 STREET ADDRESS							İ		
CITY-ST-ZIP				5.4 CIT		- ZIP						ĺ	
TITLE		i	DELETE	6.1 TIT	LE					Change	Addition	ı	
NAME				5.2 NA	ME							į	
STREET ADDRESS	REET ADDRESS 6.3			6.3 STF	3 STREET ADDRESS							į	
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14. 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 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/ordon an atjachment with an address.

SIGNATURE:

13 January 1998 813-659