FILE NOW: FILING FEE IS $61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N10823 (5)

1. Corporation Name

ST. NICHOLAS UKRAINIAN ORTHODOX CHURCH OF MIAMI, FLORIDA

Principal Place of Business	Mailing Address
ST. NICHOLAS CHURCH 5031 S.W. 100 AVE. COOPER CITY FL 33328	5031 SW 100 AVE. COOPER CITY FL 33328-4124 US

3. Date Incorporated or Qualified: 08/22/1985
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2114350 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HUSAK, LEONID
3275 LAKESHORE DR.
DEERFIELD BEACH FL 33442

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 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
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUSAK, LEONID		1.2 NAME		
STREET ADDRESS	3275 LAKESHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOHDANIW, JOHN		2.2 NAME		
STREET ADDRESS	6608 NW 57 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WAHLAY, NADIA		3.2 NAME	JACIUK, ANATOL	
STREET ADDRESS	4850 NE 25TH AVE		3.3 STREET ADDRESS	1261 N HARBOR ST	
CITY-ST-ZIP	FT LADUERDALE FL		3.4 CITY-ST-ZIP	RIVIERA BEACH, FL. 33404	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FABEROWSKY, STEPAN		4.2 NAME		
STREET ADDRESS	2500 NE 22ND ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HODIVSKY, KATHERINE		5.2 NAME		
STREET ADDRESS	4100 N.58 AVE.,#102		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SLUSARENKO, PETER		6.2 NAME		
STREET ADDRESS	9480 PONCIANA PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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, or on an attachment with an address.

SIGNATURE: Leonid Husak HUSAK, LEONID Jan 31, 97 954-426-9039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037484