

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 2/1/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

1995 6-15-95

B. 7386 DEPARTMENT OF CORPORATIONS KC

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 15 11:11:43

DOCUMENT # N18885 (6)

1. Corporation Name

ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.

Principal Place of Business

Mailing Address

9201 60TH STREET N.
PINELLAS PARK FL 34666

9201 60TH STREET N.
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/23/1987

04/07/1994

4. FEI Number

Applied For

59-2515192

Not Applicable

9201 60TH STREET N.

9201 60TH STREET N.

2. Principal Place of Business

2a. Mailing Address

21 9201 60TH STREET N.

26 9201 60TH STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PINELLAS PARK, FLORIDA

28 PINELLAS PARK, FLORIDA

Zip

Country

Zip

Country

24 34666

25

29 34666

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETLAK, REV. MICHAEL
1217 EVERGLADES AVENUE
CLEARWATER FL 34624

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

Rev. Michael Petlak

(NOTE: Registered Agent signature required when reinstating)

DATE

June 12, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | LUSICZAK, MARION |
| STREET ADDRESS | 1618 50TH AVE. N. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | VD |
| NAME | OWEN, SHOAF |
| STREET ADDRESS | 5901 18TH AVE N. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | SD |
| NAME | FRITH, OLGA |
| STREET ADDRESS | 4681 1ST STREET N.E. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | TD |
| NAME | KOZAR, JEAN |
| STREET ADDRESS | 2656 60TH ST. N. |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | ST |
| NAME | SOTNY, ANASTASIA |
| STREET ADDRESS | 5982 31ST AVE N |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|--------------------|---|--|
| 11 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | P/D. SHOAF, OWEN | |
| 13 STREET ADDRESS | 5901 18TH AVE N. | |
| 14 CITY - ST - ZIP | ST. PETERSBURG, FLORIDA 33710 | |
| 21 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | V.D LAURYK, MARY | |
| 23 STREET ADDRESS | 486 89 TH AVE N. | |
| 24 CITY - ST - ZIP | ST. PETERSBURG, FLORIDA, 33702 | |
| 31 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | SD | |
| 33 STREET ADDRESS | STYBLYNA, MILDRED | |
| 34 CITY - ST - ZIP | 4125 104 TH AVE N. CLEARWATER, FLORIDA, 33520 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 110.07(3)(b), 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 the 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: *Owen Shoaf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Initials (Block 8)

CR2E037 (3/95)