

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18885 (6)**  
1. Corporation Name  
**ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.**



Principal Place of Business <b>9201 60TH STREET N PINELLAS PARK FL 34666 US</b>	Mailing Address <b>9201 60TH STREET N. PINELLAS PARK FL 33782-4815 US</b>
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3. Date Incorporated or Qualified <b>01/23/1987</b>	3a. Date of Last Report <b>03/06/1996</b>
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2. Principal Place of Business 21 <b>9201 60<sup>TH</sup> STREET N.</b>	2a. Mailing Address 26 <b>9201 60<sup>TH</sup> STREET N.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>PINELLAS PARK, FL.</b>	28 City & State <b>PINELLAS PARK, FL.</b>
24 Zip <b>33782</b>	29 Zip <b>33782</b>
25 Country	30 Country

4. FEI Number <b>59-2515192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PETLAK, REV. MICHAEL  
1217 EVERGLADES AVENUE  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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** *Rev Michael Petlak* **5/12/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOAF, OWEN</b>	
STREET ADDRESS	<b>5901 18TH AVE N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAVRYK, MARY</b>	
STREET ADDRESS	<b>486 89TH AVE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STYBLYNA, MILDRED</b>	
STREET ADDRESS	<b>4125 104TH AVE NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KOZAR, JEAN</b>	
STREET ADDRESS	<b>2656 60TH ST. N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SOTNY, ANASTASIA</b>	
STREET ADDRESS	<b>5982 31ST AVE N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WALTER MELNYK</b>	
1.3 STREET ADDRESS	<b>4001 102 PLACE NO</b>	
1.4 CITY-ST-ZIP	<b>CLEARWATER, FL. 34622</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>OWEN SHOAF</b>	
2.3 STREET ADDRESS	<b>5901 18TH AVEN.</b>	
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Walter Melnyk* **5-12-97**  
Signature, typed or printed name of signing officer or director Date Daytime Phone # **0052214**

CR2E037 (9/96)