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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18885

1. Corporation Name
ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.

Principal Place of Business

9201 60TH STREET N
 PINELLAS PARK FL 33782
 US

Mailing Address

9201 60TH STREET N.
 PINELLAS PARK FL 34666
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9201 60TH STREET N.		26 9201 60TH STREET N.		01/23/1987	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-2515192	
23 City & State PINELLAS PARK, FLORIDA		28 City & State PINELLAS PARK, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33782		29 Zip 33782		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country			

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			
				85 Zip Code			
				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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOAF, OWEN	1.2 NAME	MELNYK, WALTER
STREET ADDRESS	5901 18TH AVE N.	1.3 STREET ADDRESS	4001 102 PLACE NO.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	CLEARWATER, FL. 34622
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELNYK, WALTER	2.2 NAME	BIDA, INA
STREET ADDRESS	4001 102 PALCE NO	2.3 STREET ADDRESS	7643 19TH AVE NO.
CITY-ST-ZIP	CLEARWATER FL 34622	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYBLYNA, MILDRED	3.2 NAME	GABRIEL S, SMICHENKO
STREET ADDRESS	4125 104TH AVE NORTH	3.3 STREET ADDRESS	1290 GULF BLVD #1907
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL. 33767
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZAR, JEAN	4.2 NAME	
STREET ADDRESS	2656 60TH ST. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTNY, ANASTASIA	5.2 NAME	
STREET ADDRESS	5982 31ST AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ Daytime Phone # _____

CR2E037 (1/198)