

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90246 036 ****61.25

DOCUMENT # N18885
1. Entity Name
ST. MICHAEL'S UKRAINIAN ORTHODOX CHURCH, INC.



Principal Place of Business Mailing Address
**9201 60TH STREET N
PINELLAS PARK FL 33782
US** **9201 60TH STREET N.
PINELLAS PARK FL 34666
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-2515192 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Rev. Michael Petlak* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONNOLLY, VALENTINA	
STREET ADDRESS	10345 100 WAY NORTH	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIDA, INA	
STREET ADDRESS	7643 17TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUDAK, JUNE	
STREET ADDRESS	1535 NURSERY DRD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOZAR, JEAN	
STREET ADDRESS	2656 60TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOTNY, ANASTASIA	
STREET ADDRESS	5982 31ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

recording secretary Change Addition
Ann Chalowsky
10200 Sandy Blvd North #1315
St Petersburg, Fl 33702

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valentina Connolly* VALENTINA CONNOLLY 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #