

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001271

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: UKRAINIAN-AMERICAN CLUB, INC.

**Current Principal Place of Business:**

3595 NW 35 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3595 NW 35 STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 59-6476270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, RICHARD M  
11077 BISCAYNE BLVD, PH  
MIAMI, FL 33161      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MAKSYMOWICH-WASK, DONNA E  
Address: 10181 SW 57TH COURT  
City-St-Zip: COOPER CITY, FL 33320

Title: T/D ( ) Delete  
Name: WENGLOWSKYJ, BORYS S  
Address: 7600 SW 130 ST.  
City-St-Zip: MIAMI, FL 33156

Title: S/D ( ) Delete  
Name: TRACH, NATALIA  
Address: 4905 NW 101ST AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V/D ( ) Delete  
Name: PIASECKYJ, OKSANA  
Address: 242 191 ST STREET  
City-St-Zip: SUNNY ISLES, FL 33160

Title: T/D ( ) Delete  
Name: PRYSTACKY, STANLEY JR  
Address: 514 E 52 ST.  
City-St-Zip: HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. E. MAKSYMOWICH-WASKIEWICZ

P

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date