2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001271

Current Principal Place of Business:

Entity Name: UKRAINIAN-AMERICAN CLUB, INC.

FILED Apr 28, 2008 Secretary of State

3595 NW 35 STREET MIAMI, FL 33142

Current Mailing Address: New Mailing Address:

3595 NW 35 STREET MIAMI, FL 33142

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

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

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: P/D () Delete Title: () Change () Addition

Name: MAKSYMOWICH-WASK, DONNA E Name:

 Address:
 10181 SW 57TH COURT
 Address:

 City-St-Zip:
 COOPER CITY, FL 33320
 City-St-Zip:

Title: T/D () Delete Title: () Change () Addition

 Name:
 WENGLOWSKYJ, BORYS S
 Name:

 Address:
 7600 SW 130 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:

Title: S/D () Delete Title: () Change () Addition

 Name:
 TRACH, NATALIA
 Name:

 Address:
 4905 NW 101ST AVENUE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:

Title: V/D () Delete Title: V/D (X) Change () Addition

Name: PIASECKYJ, OKSANA Name: KRYSA, PATRICIA
Address: 242 191 ST STREET Address: 9205 NORTHLAKE PARKWAY

Address: 242 191 ST STREET Address: 9205 NORTHLAKE PARKWAY
City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: ORLANDO, FL 32827

Title: T/D () Delete Title: () Change () Addition

 Name:
 SISNETSKY, OLGA
 Name:

 Address:
 11180 SW 60TH STRRET
 Address:

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONNA E. MAKSYMOWICH-WASKIEWICZ PRES 04/28/2008