FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

707885

(0)

UKRANIAN-AMERICAN SENIOR SOCIETY, INC.

Principal Place of Business C/O N RAKUSH 8531 HARDING AVE #11 MIAMI BCH. FL 33141			Mailing Address				1	L (ERLIN 3001) andt i 1880 i 1810 i 1810 i 1811 andt gent gent gent affin andt andt i 1811						
			C/O N RAKUSH											
			8531 HARDING AVE., #11 MIAMI BCH. FL 33141-1255				Į							
							ŀ	3. Date Incorporated or Qualified 3a. Date of Last Report						
									9/29/1964			03/05/19		
2 Principal Place of Business			2a. Mailing Address					4. FEI N				A	pplied For	
21			26					59-6476270 Not					ot Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.					5 Certifi	icate of Statu	e Decired			Additional	
22		27						0. Oom	oale of plate	o Dogirea		Fee R	equired	
City & State			City & State						on Campaigr	_			May Be	
23		28							Fund Contrib				to Fees	
Zip	Country		Ζιρ	\vdash	ountry				corporation ha				s. 199.032,	
24	9. Name and Address of Curr	29	ared Agent	30	-		1	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent						
	g, ttame and Address of Con-	DIK NOGISE	ored Agent		81	Name		10. (44)16	o and Adaio	55 O1 11010 11	oğietorea .	- Herit		
NICHOLAS, RAKUSH					82 Street Address (P.O. Box Number is Not Acceptable)						ible)		ļ	
8531 HARDING AVE #11			83											
MIAM! BO	CH FL 33141													
					84	City					FL	85 Zip	Code	
11 Pureuani t	to the provisions of Sections 617.0	502 and 61	7 1508 Florida Stati	ites the s	hove	-named	cornor	ation subn	nite this state	ment for the		changing	ts registered	
office or re	egistered agent, or both, in the Sta	ite of Florida	 Such change was 	authorize	ed by	the con	poration	's board o	of directors. I	hereby acc	pt the app	ointment as	registered	
	m lamiliar with, and accept the ob	igations oi,	Section 617.0503, F	TOFICIA SIB	iiuie:	> .							l	
SIGNATURE _	Signature: typod or printed name of registered	agent and title if	applicable (NC	TE: Register	ed Age	nt signature	required	when reinstation	ng)		DATE	·		
12.	OFFICERS A			13.				ADDIT	IONS/CHANG	ES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.17	ITLE							☐ Change	Addition	
NAME	NICHOLAS, RAKUSH			1.21	MAME									
STREET ADDRESS	8531 HARDING AVE # 1	1		1.3 5	STREET	ADDRESS								
CITY - ST - ZIP	N MIAMI BCH. FL			1.40	CITY-S	T-ZIP								
TITLE	VTD		☐ DELETE	2.1 T	TILE				`			☐ Change	Addition	
NAME	KOWALCHUK, MICHAEL			2.21	NAME		}							
STREET ADORESS	7950 BYRON AVENUE #20	7		2.3 \$	STREET	ADDRESS								
CITY - ST - ZIP	MIAMI BCH FL			2.4	CiTY-	ST-ZIP	<u> </u>							
TITLE	SD		DELETE	3.11	TITLE		S	מ = _				Change	Addition	
NAME	CHIROWSKY, NICHOLAS			3.21	NAME		7	ERM	A SD	NIA				
STREET ADDRESS	8320 BYRON AV			3.3 5	STREET	ADDRESS	Z	725	HARL	DINO	RN			
CITY-ST-ZIP	MIAMI BEACH FL			3.4.	CITY-	ST-ZIP	1	TA	W(53)	ACH	FL.33			
TITLE	D		DELETE	4.1]	ITLE	•	D	11/13	NGLO	w.sk	y .	Change Change	Addition	
NAME	CEHELSKY, GEORGE				NAME		114	30.00	EVIL	A 10	MAI	Ria		
Street address	7950 BYRON AVENUE #60	1		4.3 9	STREET	ADDRESS	11,0	% >	BVIM!	·/ //	" • • •	1 6 7 1		
CITY - ST - ZIP	MIAMI BCH. FL					T-ZIP	10	or al	GAB	Lt F	<u>4.33</u>	137		
HTLE	D		DELETE		TITLE							Change	Addition	
NAME	BORYS, DUBAK				NAME									
STREET ADDRESS	8020 ABBOTT AVE #5					ADDRESS								
CITY-ST-ZIP	MIAMI BEACH FL					T-ZIP	↓					110	11100-	
TITLE	D		☐ DELETE		TITLE							Change	Addition	
NAME	rakush, irene				NAME]							
STREET ADDRESS	8531 HARDING AVE, #11			6.3 5	STREET	ADDRESS	1							
CITY-ST-ZIP	MIAMI BEACH FL			6.41	CITY-S	T-ZIP	l							

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

FEB. 20.97, 8A To. 11 AM.

FILED

Mar 04 1997 8:00am

Secretary of State