

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738733

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** ST. ANDREW'S UKRAINIAN RELIGIOUS AND CULTURAL CENTER AND CHURCH INCORPORATED

**Current Principal Place of Business:**

4100 S. BISCAYNE DR.  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

4100 S. BISCAYNE DR.  
NORTH PORT, FL 34287 US

**New Mailing Address:**

**FEI Number:** 59-1766803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KAPLIJ, VICTOR  
2740 KALSTED STREET  
NORTH PORT, FL 34288 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: PRES  
Name: LISNYCZYJ, VICTOR  
Address: 8760 MYSTIC CIRCLE  
City-St-Zip: NORTH PORT, FL 34287

Title: VP  
Name: HELBIG, JULIAN  
Address: 756 DARWIN ROAD  
City-St-Zip: VENICE, FL 34293

Title: TREA  
Name: BOJDUJ, MARIA  
Address: 610 CORDOBA LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: SECT  
Name: SWYSTUN, ROMAN G  
Address: 4000 SOUTH BISCAYNE DRIVE #101  
City-St-Zip: NORTH PORT, FL 34287

Title: FIN  
Name: KAPLIJ, VICTOR  
Address: 2740 KALSTED STREET  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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 all other like empowered.

SIGNATURE: VICTOR KAPLIJ

FIN

04/23/2011

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

\_\_\_\_\_  
Date