

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90149 027 ****61.25

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DOCUMENT # 740142

1. Corporation Name

UKRAINIAN UNITY OF ST. WLADYMYR, INC.

Principal Place of Business

**245 E LAKE MCCOY DR
APOPKA FL 32712**

Mailing Address

**245 E LAKE MCCOY DR
APOPKA FL 32712**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1784548

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTER, FICYK
327 EVERGREEN COURT
APOPKA FL 32712**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **FICYK, WASYL**
CITY-ST-ZIP **327 EVERGREEN CT
APOPKA, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S
FICYK, WALTER
327 EVERGREEN CT.
APOPKA, FL 32712

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **KONOTOPSKY, JULIAN**
CITY-ST-ZIP **2710 HAGEN CT.
LONGWOOD FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MELESHKO, TAISSA**
CITY-ST-ZIP **10 W NIGHTINGALE ST
APOPKA FL 32712**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PENIAK, MARIJKA**
CITY-ST-ZIP **9 W NIGHTINGALE ST
APOPKA FL 32712**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
PENIAK, MARIJKA
9855 45 WAY N
PINELLAS PARK, FL 33782-3807

☒ Change ☐ Addition

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **KOWAL, THEODORE**
CITY-ST-ZIP **301 HICKORY COURT
APOPKA, FL 00000**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T
KOWAL, ANNA
149-C SPRINGWOOD CIRCLE
LONGWOOD, FL 32750

☒ Change ☒ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KWASNYCKA, ANNA**
CITY-ST-ZIP **321 LAKE MCCOY DR
APOPKA FL 32712**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tessie M. Melchior

Feb 13-99 407-886-4803

CR2E037 (11/98)