

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90172 026 ****61.25

DOCUMENT # 740142

1. Entity Name
UKRAINIAN UNITY OF ST. WLADYMR, INC.



Principal Place of Business

245 E LAKE MCCOY DR
APOPKA, FL 32712

Mailing Address

10 W NIGHTINGALE ST
APOPKA, FL 32712



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1784548

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MELESHKO, TAISSA
10 W NIGHTINGALE STREET
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retaking)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BEACH, HELENA
1054 LOTUS COVE, #645
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SHEVCHENKO, ARTHUR
2018 WOODCREST CT
WINTER PARK, FL 327925414

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PENIAK, MARIJKA
3855 HS WAY N
PINELLAS PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
KOWAL, ANNA
1833 OLIVIA CIRCLE
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MYCHALCEWYCZ, ROMAN
327 EVERGREEN COURT
APOPKA, FL 32712

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Kowal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA KOWAL

04-10-06

907-384-5382

Date

Daytime Phone #