FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

767462 DOCUMENT #

(5)

| UKRAINIAN AMERICAN CLUB OF THE PALM BEACHES INC. | | | | | | | 112 12 | | | |
|---|--|--|------------------------|------------|------------------------------|---|--------------------------|--------------------------------|---------------------------------|-----------------|
| Principal Plac | e of Business | Mailing Address | | | | | | JII HAII HAI | | |
| 603 NORTH DIXIE HWY. 603 NORTH DIXIE HWY. LAKE WORTH FL 33460 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Q 03/14/1983 | | ate of Last | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | 11 | | | 4 |
| 21 | | 26 | | | 59-2375275 | | r + | Applied For Not Applicable | _ | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | Additional | \dashv | |
| 22 | | 27 | | | 5. Certificate of Status Des | sired [| | Required | | |
| City & Stat | | City & State | | | | 6. Election Campaign Fina Trust Fund Contribution | - | \$5.00 May Be Added to Fees | | |
| Zip Country | | Zip | \vdash | untry | | 8. This corporation has liah | oility for intangible to | ntangible tax under s. 199.03 | | 7 |
| 24 | 25 9. Name and Address of Curre | 29 | 30 | | | Florida Statutes | ☐ Yes [|] No | | |
| | 5. Hanne and Address of Colle | int negistered Agent | | 81 | Name | 10. Name and Address of | New Registered | Agent | | |
| DAWIH | K IOHN | | | " | name | | | | | |
| PAWLUK, JOHN 508 SHADY PINE WAY | | | | 82 | Street | Address (P.O. Box Number is Not A | cceptable) | | | |
| | ACRES FL 33463 | | | 83 | | | | | | _ |
| | 1011E0 1 E 00700 | | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zıp | Code | - |
| 11. Pursuant or register familiar with SIGNATURE | to the provisions of Sections 617,050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec | 2 and 617.1508, Florida Statuter ida. Such change was authorize tion 617.0503, Florida Statutes. | s, the abo d by the | corpoi | med co ration's | rporation submits this statement for board of directors. I hereby accept I | | anging its r registered | egistered office agent. I am | 3 |
| SIGNATORE | Signature, typed or printed name of registered age: | it and title if applicable. (NOT | E: Registered | l Agent s | signature re | quired when reinstating) | DATE | | | |
| 12. | | RS AND DIRECTORS | | | | ADDITIONS CHANGES | | DIRECTO | RS IN 12 | ⊣છે |
| TITLE | DP | DELETE | 11TI | TLE | | | | | Addition | CR2E037 (12/95) |
| NAME | BYK, OLGA | | | | | | | | | 2 |
| STREET ADDRESS | 603 S. DIXIE HWY. | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | LAKE WORTH FL 33460 | | | TY-ST- | ZIP | | | | | Z. |
| NAME | DOARVE HELEN | DELETE | | 1 TITLE | | | | Change | ☐ Addition | ᄀᅙ |
| STREET ADDRESS | DRABYK, HELEN 808 IVY RD. | | 2 2 NAME | | | | | | | |
| CITY-ST-ZIP | W. PALM BCH. FL 33414 | | | FREET AL | | | | | | |
| TITLE | PD | DELETE | 2 4 C | ITY - \$1- | | | | | | ↲ |
| NAME | EDNGERCHUK, OSTOP | Notice: | 3.2 N | | . **- | | Į. | Change | ☐ Addition | } |
| STREET ADDRESS | 1230 SOUTH WAY | | | REET AC | 223901 | | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | | ITY ST | - 1 | | | | | |
| TITLE | VP | DELETE | 4.1 TI | | | P.110 | | Change | Addition | + |
| NAME | BYK, WILLIAM | | 4 2 N | AME | | DVP | ¥ | D commission | | |
| STREET ADDRESS | 603 S DIXIE HWY | | 4.3 ST | REET AS | DORESS | BYK, WILLIAM | | | | - |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | | 4.4 CI | TY-ST- | ŽIP | 603 S.DIXIE HW | | | | |
| TITLE | | DELETE | 5 1 Til | LE | | LAKE WORTH, FL | 33460 [| Change | Addition | 1 |
| NAME | | | 5 2 NA | ME | | | _ | - | | |
| STREET ADDRESS | | | 5351 | REET AD | DRESS | <u> </u> | | | . \ | Q |
| CITY-ST-ZIP | | <u>.</u> | 5.4 C(| TY-ST-Z | ZIP | 800001 | . ԾԱԱԱՆ . 01100 - 00 | ್ಷರ | a | 4 |
| TITLE | | DEFELE | 6.1 7(1 | LE | | -04/29/96- | <u>-0112005</u> | J Enange | Addition | 1 |
| NAME | | | 6 2 NA | ME | ļ | ***61.25 | | | ~ ~ | 1 |
| STREET ADDRESS | | | 6381 | REET AD | ORESS | | | | | ٩ |
| CITY-ST-ZIP | v certify that the information supplied | with this filing is unlimbed. | 6.4 Cr | Y-ST- | ZIP | | | | 172 | |

do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE: (ILJA FSIJA)
SIGNATURE OF SIGNING OFFICER OF DIRECTOR