

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770857 (1)

1. Corporation Name

ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

NICHOLAE, REGOS, REV.
245 LAKE MCCOY DRIVE
APOPKA FL 32712
US

* REV. STEPHEN ADAMIAK
20 EAST NIGHTINGALE STREET
APOPKA FL 32712-2710

3. Date Incorporated or Qualified 10/20/1983	3a. Date of Last Report 04/01/1994
4. FEI Number 59-2371348	Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLAE, REGOS R
20 EAST NIGHTINGALE ST.
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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NICHOLAE, REGOS
STREET ADDRESS	20 E. NIGHTINGALE ST.
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	FICYK, WASYL
STREET ADDRESS	327 EVERGREEN CT.
CITY-ST-ZIP	APOPKA FL 32712
TITLE	D
NAME	KONOTOPSKY, GENE
STREET ADDRESS	2710 HAGEN COURT
CITY-ST-ZIP	LONGWOOD FL
TITLE	S
NAME	MARIJKA, PENIAK
STREET ADDRESS	9 W. NIGHTINGALE STREET
CITY-ST-ZIP	APOPKA FL 32712
TITLE	T
NAME	ILEMSKY, JOHN
STREET ADDRESS	956 FOUNTAINHEAD DR.
CITY-ST-ZIP	DELTONA FL
TITLE	D
NAME	BALANETZKY, JOHN
STREET ADDRESS	332 COUNTRY LANDING BLDG
CITY-ST-ZIP	APOPKA FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Ilemsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95 407-574-7661

Date

Telephone No.