

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770857 (1)  
1. Corporation Name  
**ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.**



Principal Place of Business: NICHOLAE, REGOS, REV. 245 LAKE MCCOY DRIVE APOPKA FL 32712 US  
Mailing Address: % REV. STEPHEN ADAMIAK 20 EAST NIGHTINGALE STREET APOPKA FL 32712-2710

3. Date Incorporated or Qualified: 10/20/1983  
3a. Date of Last Report: 03/15/1995  
4. FEI Number: 59-2371348  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 RT. REV. MATTHEW BERKO 22 245 LAKE MCCOY DRIVE 23 APOPKA FL 24 32712  
2a. Mailing Address: 27 MATTHEW BERKO 28 20 E. NIGHTINGALE ST 29 APOPKA FL 30 32712  
City & State: 25 ORANGE 26 ORANGE

9. Name and Address of Current Registered Agent: NICHOLAE, REGOS R 20 EAST NIGHTINGALE ST. APOPKA FL 32712

10. Name and Address of New Registered Agent: 81 Name: RT. REV. MATTHEW BERKO 82 Street Address (P.O. Box Number is Not Acceptable): 20 EAST NIGHTINGALE ST. 83 City: APOPKA FL 84 Zip Code: 32712

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 X Rev. Matthew Berko (Signature, typed or printed name of registered agent, and title if applicable) *Rev. Matthew Berko* (NOTE: Registered Agent signature required when reinstating) May 22, 1996 (Date)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RT REV MATTHEW BERKO	
1.3 STREET ADDRESS	20 EAST NIGHTINGALE ST.	
1.4 CITY-ST-ZIP	APOPKA FL 32712	
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		

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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 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: *John Stansky* 4-36-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407-574-7661

CR2E037 (12/95)