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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770857

1. Corporation Name
ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.

Principal Place of Business C/O REV. MATTHEW BERKO 245 LAKE MCCOY DRIVE APOPKA FL 32712 US	Mailing Address C/O MATTHEW BERKO 20 EAST NIGHTINGALE STREET APOPKA FL 32712-2710
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2371348
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERKO, MATTHEW REV. 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKO, MATTHEW REV.	1.2 NAME	
STREET ADDRESS	20 E. NIGHTINGALE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICYK, WASYL	2.2 NAME	
STREET ADDRESS	327 EVERGREEN CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOTOPSKY, GENE	3.2 NAME	
STREET ADDRESS	2710 HAGEN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENIAK, MARIKA	4.2 NAME	MELESHKO, TAISSA
STREET ADDRESS	9 W. NIGHTINGALE STREET	4.3 STREET ADDRESS	10 W. NIGHTINGALE ST.
CITY-ST-ZIP	APOPKA FL 32712	4.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILEMSKY, JOHN	5.2 NAME	
STREET ADDRESS	956 FOUNTAINHEAD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALANETZKY, JOHN	6.2 NAME	CD CIZDYN, REV. MYRON
STREET ADDRESS	332 COUNTRY LANDING BLDG	6.3 STREET ADDRESS	20 E. NIGHTINGALE ST.
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	APOPKA, FL 32712

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: _____ DATE: 1/26/99 DAYTIME PHONE #: 407-880-1640

CR2E037 (1/98)