


**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

04-12-2004 90284 012 \*\*\*\*61.25

<b>DOCUMENT # 770857</b>					
<b>1. Entity Name</b> ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.					
<b>Principal Place of Business</b> 245 LAKE MCCOY DRIVE APOPKA, FL 32712 US			<b>Mailing Address</b> REV. IVAN KUBISHYN 20 EAST NIGHTINGALE STREET APOPKA, FL 32712-2710		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092004 Chg-NP CR2E037 (10/03)	
Zip		Country		<b>4. FEI Number</b> 59-2371348 <span style="float: right;">Applied For Not Applicable</span>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KUBISHYN, REV. IVAN 20 EAST NIGHTINGALE ST. APOPKA, FL 32712			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25                  Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be                  Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUBISHYN, REV. IVAN		NAME		
STREET ADDRESS	20 E. NIGHTINGALE ST.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 327122710		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FICYK, WASYL		NAME		
STREET ADDRESS	327 EVERGREEN CT.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUTKOWSKI, DANIEL		NAME	D RUDNITSKY, TARAS	
STREET ADDRESS	900 S MAGNOLIA AVE		STREET ADDRESS	3383 OAKMONT TERRACE	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELESHKO, TAISSA		NAME		
STREET ADDRESS	10 W NIGHTINGALE ST		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	VTR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEACH, HELENA		NAME		
STREET ADDRESS	5405 PINE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKAY, GORDON		NAME		
STREET ADDRESS	5160 GLASGOW AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
<b>12. 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 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.</b>					
<b>SIGNATURE:</b> <i>Taiissa Melesko</i> TAISSA MELESKO treasurer			April 10, 2004		407-886-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #