


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90187 033 \*\*\*\*61.25

<b>DOCUMENT # 770857</b> 1. Entity Name ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.					
Principal Place of Business 245 LAKE MCCOY DRIVE APOPKA, FL 32712 US			Mailing Address REV. IVAN KUBISHYN 20 EAST NIGHTINGALE STREET APOPKA, FL 32712-2710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2371348</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUBISHYN, REV. IVAN 20 EAST NIGHTINGALE ST. APOPKA, FL 32712			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUBISHYN, REV. IVAN		NAME	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
STREET ADDRESS	20 E. NIGHTINGALE ST.		STREET ADDRESS		
CITY- ST- ZIP	APOPKA, FL 327122710		CITY- ST- ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FICYK, WASYL		NAME	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
STREET ADDRESS	327 EVERGREEN CT.		STREET ADDRESS		
CITY- ST- ZIP	APOPKA, FL 32712		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDNITSKY, TARAS		NAME	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
STREET ADDRESS	3383 OAKMONT TERRACE		STREET ADDRESS		
CITY- ST- ZIP	LONGWOOD, FL 32779		CITY- ST- ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELESHKO, TAISSA		NAME	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
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	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
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	YD BRATACH, EWHEN 1609 JOYNER DR. DELTONA, FL 32725	
STREET ADDRESS	5160 GLASGOW AVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32819		CITY- ST- ZIP		
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.					
SIGNATURE: <i>TaiSSa Meleshko</i> TAISSA MELESHKO			April 7, 2005 407-886-4803		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

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03172005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2371348 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUBISHYN, REV. IVAN 20 EAST NIGHTINGALE ST. APOPKA, FL 32712		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	

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

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**Due by May 1, 2005**

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**Make check payable to Florida Department of State**

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SIGNATURE: *TaiSSa Meleshko* TAISSA MELESHKO April 7, 2005 407-886-4803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date