2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #770857

Entity Name

ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

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



DO NOT WRITE IN THIS SPACE

 04142007
 No Chg-NP
 CR2E037 (4/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUBISHYN, REV. IVAN 20 EAST NIGHTINGALE ST. APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the tions of registered agent. | e purpose of changing its registere | ed office or re | gistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|---|--|-------------------------------|--------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and to | tile if applicable. (NOTE: Registered | d Agent signature r | equired when reinstaling) | DATE |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Finan Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIR | RECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KUBISHYN, REV. IVAN 20 E. NIGHTINGALE ST. APOPKA, FL 327122710 | | | | U00000709458 04/25/07-80004-003 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRATACH, EWHEN 1609 JOYNER DR DELTONA, FL 32725 | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUDNITSKY, TARAS 3383 OAKMONT TERRACE LONGWOOD, FL 32779 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR MELESHKO, TAISSA 10 W NIGHTINGALE ST APOPKA, FL 32712 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTR BEACH, HELENA 5405 PINE CREEK DRIVE ORLANDO, FL 32811 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MCKAY, GORDON 5160 GLASGOW AVE ORLANDO, FL 32819 | | | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DIGMATIDE AND TODER OF DIGHTED NAME OF GROWING OFFICER OF DIRECTOR

April 14-07

407-886-4803