


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 018 ****61.25

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| DOCUMENT # 770857 |  |
| 1. Entity Name ST. MARY'S UKRANIAN CATHOLIC CHURCH, INC. | |

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| 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 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address REV. IVAN KUBISHYN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 305 LAKE MCCOY DRIVE |
| City & State | City & State APOPKA FL |
| Zip | Country 32712 US |

04142008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2371348 | Applied For Not Applicable |
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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| 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 KUBISHYN, REV. IVAN |
| | Street Address (P.O. Box Number is Not Acceptable) 305 LAKE MCCOY DRIVE |
| | City APOPKA, FL Zip Code 32712 |

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KUBISHYN, REV. IVAN 20 E. NIGHTINGALE ST. APOPKA, FL 327122710 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KUBISHYN, REV. IVAN 305 LAKE MCCOY DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRATACH, EWHEN 1609 JOYNER DR DELTONA, FL 32725 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOMAR, THEODORE 6340 S.E. 130th ST BELLEVIEW, FL 34421-1106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUDNITSKY, TARAS 3383 OAKMONT TERRACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR MELESHKO, TAISSA 10 W NIGHTINGALE ST APOPKA, FL 32712 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTR BEACH, HELENA 5405 PINE CREEK DRIVE ORLANDO, FL 32811 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MCKAY, GORDON 5160 GLASGOW AVE ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby 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: Taisia Melesko / Treasurer