

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90374 021 ****70.00

DOCUMENT # 770857



1. Entity 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



2. Principal Place of Business

3. Mailing Address
REV. IVAN KUBISHYN
Suite, Apt. #, etc.
20 EAST NIGHTINGALE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA, FL

4. FEI Number **59-2371348**

Applied For
Not Applicable

Zip

Country

Zip
32712-2710

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKO, MATTHEW REV.
20 EAST NIGHTINGALE ST.
APOPKA FL 32712

Name **KUBISHYN, IVAN REV.**
Street Address (P.O. Box Number is Not Acceptable)
20 EAST NIGHTINGALE ST.
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 *IKubom*
REV. IVAN KUBISHYN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BERKO, MATTHEW REV.	
STREET ADDRESS	20 E. NIGHTINGALE ST.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FICYK, WASYL	
STREET ADDRESS	327 EVERGREEN CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTKOWSKI, DANIEL	
STREET ADDRESS	900 S MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MELESHKO, TAISSA	
STREET ADDRESS	10 W NIGHTINGALE ST	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VTR	<input type="checkbox"/> Delete
NAME	BEACH, HELENA	
STREET ADDRESS	5405 PINE CREEK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCKAY, GORDON	
STREET ADDRESS	5160 GLASGOW AVE	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBISHYN, IVAN REV.	
STREET ADDRESS	20 EAST NIGHTINGALE ST.	
CITY-ST-ZIP	APOPKA, FL 32712-2710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: TAISSA MELESHKO *Taisia Melesko* April 17, 2003 *407 886*

CR2E037 (10/02)