


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90002 004 \*\*\*\*61.25

<b>DOCUMENT # N04000004223</b> 1. Entity Name <b>OPEN NEW ORPHANAGES IN UKRAINE, INC.</b>					
Principal Place of Business 6837 SW 40TH LANE LAKE BUTLER, FL 32054			Mailing Address RT 3 BOX 289 LAKE BUTLER, FL 32054		
2. Principal Place of Business <b>813 NW 113 Terrace</b> Suite, Apt. #, etc.			3. Mailing Address <b>813 NW 113 Terrace</b> Suite, Apt. #, etc.		
City & State <b>Gainesville, FL</b> Zip <b>32606</b>			City & State <b>Gainesville, FL</b> Zip <b>32606</b>		
Country <b>Alachua</b>			Country <b>Alachua</b>		
4. FEI Number <b>81-0656392</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KRAVCHENKO, OKSANA B</b> <b>RT. 3 BOX 289</b> <b>289 S.E. 40TH LANE</b> <b>LAKE BUTLER, FL 32054</b>			7. Name and Address of New Registered Agent Name <b>Kravchenko Oksana B</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 NW 113 Terrace</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</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.					
SIGNATURE <u><i>[Signature]</i></u> <span style="float: right;">07/19/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</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>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Change Addition
	<b>D KRAVCHENKO, OKSANA</b>	<input checked="" type="checkbox"/>		<b>Kravchenko Oksana B</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<b>RT. 3 BOX 289</b>			<b>813 NW 113 Terrace</b>	
	<b>LAKE BUTLER, FL 32054</b>			<b>Gainesville, FL 32606 - D</b>	
	<b>TD KRAVCHENKO, IVAN</b>	<input checked="" type="checkbox"/>		<b>Kravchenko Ivan</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<b>RT. 3 BOX 289</b>			<b>813 NW 113 Terrace</b>	
	<b>LAKE BUTLER, FL 32054</b>			<b>Gainesville, FL, 32606 - TD</b>	
	<b>SD ROSS, VIRGINIA</b>	<input checked="" type="checkbox"/>		<b>Paula McConn Paula</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
	<b>RT. 21 BOX 5014</b>			<b>1224 Sw 76 Dr</b>	
	<b>LAKE CITY, FL 32024</b>			<b>Gainesville, FL, 32607 - SD</b>	
		<input type="checkbox"/>		<b>Jenny Brown</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
				<b>Rt. 2 Box 417</b>	
				<b>Lake Butler, FL 32054 - T</b>	
		<input type="checkbox"/>		<b>Smith Irwin</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
				<b>Rt. 2 Box 417</b>	
				<b>Lake Butler, FL 32054 - C</b>	
		<input type="checkbox"/>		<b>Pr. Mike Norman</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
				<b>144 S Montrose Ave</b>	
				<b>Lake City, FL 32025 - M</b>	
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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <span style="float: right;">07/19/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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