

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004223

1. Entity Name
OPEN NEW ORPHANAGES IN UKRAINE, INC.



Principal Place of Business

**813 NW 113 TERRACE
GAINESVILLE, FL 32606**

Mailing Address

**813 NW 113 TERRACE
GAINESVILLE, FL 32606**



04122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

81-0656392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KRAVCHENKO, OKSANA B
813 NW 113 TERRACE
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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

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

(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**

U000000899062
04/28/08-80023-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRAVCHENKO, OKSANA B
STREET ADDRESS	813 NW 113 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	TD
NAME	KRAVCHENKO, IVAN
STREET ADDRESS	813 NW 113 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	SD
NAME	MCCONN, PAULA
STREET ADDRESS	1224 SW 76 DR
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	T
NAME	CONSTANTIN, BERNICE U
STREET ADDRESS	1528 NW 94 ST
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	M
NAME	NORMAN, MIKE DR
STREET ADDRESS	144 S MONTROSE AVE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	C
NAME	CONSTANTIN, SHARON K
STREET ADDRESS	1528 NW 94 ST
CITY-ST-ZIP	GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2008

Date

(352) 331-7229

Daytime Phone #