


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90055 006 \*\*\*\*61.25

<b>DOCUMENT # N07000008819</b>					
<b>1. Entity Name</b> UKRAINIAN AMERICAN CLUB OF SOUTHWEST FLORIDA, INC.					
<b>Principal Place of Business</b> % DANIA TOMASHOSKY 2830 WHISPERING PINE LANE NORTH PORT, FL 34287			<b>Mailing Address</b> % DANIA TOMASHOSKY 2830 WHISPERING PINE LANE NORTH PORT, FL 34287		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 26-1145327				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TOMASHOSKY, DARIA 2830 WHISPERING PINE LANE NORTH PORT, FL 34287			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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.</b>					
SIGNATURE _____ <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 May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMASHOSKY, DARIA 2830 WHISPERING PINE LANE NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYKO, LIEDA 2830 WHISPERING PINE LANE NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELDON, CHRISTYNA B 2830 WHISPERING PINE LANE NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISNYCZYI, HALYNA 8760 MYSTIC CIRCLE NORTH PORT, FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WPSNY, NANCY 6167 OTIS ROAD NORTH PORT, F; 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WPSNY, NANCY 6167 OTIS ROAD NORTH PORT, F; 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wosny, Nancy				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Doris Horbachevsky 6427 Otis Rd. North Port, FL 34287				
<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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/1/2008    941426-2542 <small>Date    Daytime Phone #</small>		