

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008819

FILED
Mar 05, 2009
Secretary of State

Entity Name: UKRAINIAN AMERICAN CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

% DANIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

New Principal Place of Business:

DARIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

Current Mailing Address:

% DANIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

New Mailing Address:

DARIA TOMASHOSKY
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287

FEI Number: 26-1145327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASHOSKY, DARIA
2830 WHISPERING PINE LAND
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

TOMASHOSKY, DARIA
2830 WHISPERING PINE LANE
NORTH PORT, FL 34287 US

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.

SIGNATURE: DARIA TOMASHOSKY

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMASHOSKY, DARIA
Address: 2830 WHISPERING PINE LANE
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: BOYKO, LIEDA
Address: 2830 WHISPERING PINE LANE
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: SHELDON, CHRISTYNA B
Address: 2830 WHISPERING PINE LANE
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: LISNYCZYI, HALYNA
Address: 8760 MYSTIC CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: WOSNEY, NANCY
Address: 6167 OTIS ROAD
City-St-Zip: NORTH PORT, F; 34287

Title: S () Delete
Name: HORBACHEUSKY, DORIS
Address: 6427 OTIS RD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOYKO, LIEDA
Address: 4413 MCCULLOUGH ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD (X) Change () Addition
Name: SHELDON, CHRISTYNA B
Address: 8307 PARKSIDE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: S (X) Change () Addition
Name: LISNYCZYJ, HALYNA
Address: 8760 MYSTIC CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: WOSNY, NANCY
Address: 6167 OTIS ROAD
City-St-Zip: NORTH PORT, F; 34287

Title: S (X) Change () Addition
Name: HORBACHEVSKY, DORIS
Address: 6427 OTIS RD
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARIA TOMASHOSKY

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03/05/2009

Electronic Signature of Signing Officer or Director

Date