ANNUAL REPORT
1995

Division of Corporations

'95 APR 14 AM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08881 (7)

1. Corporation Name

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN C.

Principal Place of Business	Mailing Address
3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527	3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1985
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2715568 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STARR, ARTHUR J. (M.D.)
3820 MOORES LAKE RD
C/O P O BOX 738
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Arthur J. Starr 3-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STARR,ARTHUR J.	1.2 NAME	900001459429
STREET ADDRESS	3820 MOORES LAKE RD	1.3 STREET ADDRESS	-04/18/95--01101--012
CITY-ST-ZIP	DOVER FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KLYMENKO, WALTER	2.2 NAME	
STREET ADDRESS	16523 PACKING HOUSE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN BRICHER	3.2 NAME	
STREET ADDRESS	1513 NO. LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTRE FL 33573	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FIELDER, DUANE	4.2 NAME	
STREET ADDRESS	3114 KING PHILLIP WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 4-14-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur J. Starr 3-21-95 813-659-1296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000744