FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08881

(7)

Mailing Address

HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, IN C.

3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527			3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527-0738					2 Data Innormated or Qualified	Lan Dou	of Lon D	lanad
								3. Date Incorporated or Qualified			96
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 59-2715568	· · · · · · · · · · · · · · · · · · ·	-	oplied For of Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
City & State				City & State				Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees				
Zip	Zip Country			—			1	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	Address of Current	29	30				Florida Statutes Yes 25-No 10. Name and Address of New Registered Agent			
	9, Name and A	datess of Current	недізі	sred Agent	·····	81	Name	10. Name and Address of them the	Gintaine -	gern	
STADD /	ARTHUR J. (M.D	11									
	ORES LAKE RO					82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
DOVER F		,				83					
DUTEN	L 33321										
						84	City		FL	85 Zip (Code
office or re agent. I an	egistered agent, or	f Sections 617.0502 r both, in the State o d accept the obligat	of Florid:	la. Such change wa	as authoriz	zed by	y the corpora	poration submits this statement for the station's board of directors. I hereby acce	ourpose of o pt the appo	changing it intment as	ts registered registered
SIGNATURE _	Signature, typed or printe	ed name of registered agent	it and little i	if applicable (f	NOTE: Regist	ered Ag	ent signature requ	ired when rainstating)	DATE		
12.		TORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12		
TITLE	PD			DELETE	1.1	1 TITLE			l	Change	Addition
NAME	STARR, ARTH				1.7	2 NAME					
STREET ADDRESS	3820 MOORE	:\$ LAKE RD			1.3	STREE	T ADDRESS				
CITY-ST-ZIP	DOVER FL				1./	4 CITY - !	ST-ZIP				
TITLE	VD			DELETE	2.1	TITLE			l	Change	Addition
NAME	KLYMENKO, 1		_		2.7	2 NAME		w			
STREET ADDRESS					2.7	3 STREE	T ADDRESS				
CITY-ST-ZIP	DADE CITY F	L		Delete		4 CITY-	ST-ZIP			175	1 14430-
TITLE	S IOUN PRICU	rn		☐ DELETE		1 TITLE			ı	Change	Addition
NAME	JOHN BRICH					2 NAME	1				
STREET ADDRESS	1513 NO. LAI	ENTRE FL 33573					T ADDRESS				
CITY-ST-ZIP TITLE	TD TD	MINE PL 00010		☐ DELETE		4. CITY- 1 TITLE	ST-ZIP			Change	Addition
NAME	FIELDER, DU	ANE				2 NAME			•	Oliunge	receive
STREET ADDRESS	3114 KING PI						T ADDRESS				
CITY-ST-ZIP	SEFFNER FL					4 CITY-:	4				
TITLE	- Contraction			DELETE		1 TITLE	31-411			Change	Addition
NAME						2 NAME					
STREET ADDRESS							T ADDRESS				
CITY - ST - ZIP						4 CITY-					
TITLE				DELETE		1 TITLE		-		Change	Addition
NAME					6.7	2 NAME					
1					6.1	3 STREE	T ADDRESS				
STREET ADDRESS											
C+TY-ST-ZIP						4 CITY-	ST-ZIP	ed in Section 119.07(3)(i), Florida Statute			

SIGNATURE:

appears in Block 12 or Blo

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

129m97

Daytime Phone # 0045660

FILED

Jan 27 1997 8:00am

Secretary of State