
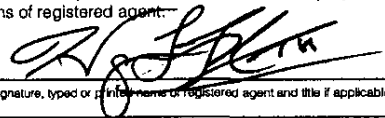
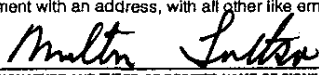


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90011 003 \*\*\*\*70.00

<b>DOCUMENT # N08881</b> 1. Entity Name HOLY MOTHER OF GOD UKRAINIAN ORTHODOX CHURCH, INC.					
Principal Place of Business 3820 MOORES LAKE RD. P O BOX 738 DOVER, FL 33527			Mailing Address 3820 MOORES LAKE RD. P O BOX 738 DOVER, FL 33527		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2715568	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STARR, ARTHUR J 3820 MOORES LAKE RD DOVER, FL 33527				Name <b>HARRY LINSINBIKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3820 MOORES LAKE RD</b> City <b>DOVER FL</b> Zip Code <b>FL 33527</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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/14/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARR, ARTHUR J 3820 MOORES LAKE RD DOVER, FL 33527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MILTON TUTKO 1306 WALLWOOD DR BRANDON FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EOFF, DAVID 35717 WELBY CT ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL GURSKY 3908 S. NINE DR VALRICO FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUTKO, MILTON 1306 WALLWOOD DR BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVELYN HOPPENSTAD 6340 SPANISH MAIN DR APOLO BEACH FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, MARSHALL 7033 OAKVIEW CIR TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL SEC. ERIKH NAKONECHNYJ 7733 BUREKA DR. COUNTY OAKS HUDSON FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>01-09-04</b> Daytime Phone # <b>813 681-3223</b>		