2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

1. Entity Nan	ne,	# NO8881 GOD UKRAINIAN (DRTHODOX CHURCH	, IN			04-15-2003 9	90100 030 ***	**70.00
Principal Place of Business Malling Address					.·!	1000000			
3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527			3820 MOORES LAKE RD. P O BOX 738 DOVER FL 33527			A LABOUREL BUY DRIVE FEBRUA FOREI LOUGH LINES BURN BURN BURN BURN BURN BURN BURN BURN			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2715568 Applied For Not Applicable				
Zip 		Country	Zip	Со	untry	5. Certificate of St	atus Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Name*	7. Name and Add	reas of New Regis	tered Agent	
STADO A	LOTUI ID 1							- ta	
STARR, ARTHUR J 3820 MOORES LAKE RD				•	Street Address (P.O. Box Number is Not Acceptable)				
DOVER F	·L 33527				l				
•					City			FL Zip Cod	le
	named entity tions of regist		the purpose of changing its	register	ed office or registe	ered agent, or both, in	the State of Florida.	I am familiar with,	and accept
die conda	morts of regist	sieu agent.							}
SIGNATURE									
	Signature, typed	or printed name of southwest agent a	and title if applicable (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	
		r printed name of segretared egent a	9. Election Car Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees	Make C	Check Payable epartment of S	
10.	FILE NOW		9. Election Cal Trust Fund (mpaign F	Financing ion.	\$5.00 May Be	Make (Florida D	Check Payable epartment of S	State
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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 Statuas, 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 of fustee 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.

SIGNATINE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70/0

Daytime Phone #