FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

5 PONSETTIA DR

(4)

UKRAINIAN-AMERICAN SOCIETY OF DAYTONA BEACH AND VICINITY, INC.

| VICINITY, INC. | | | | | | |
|--|--|--|---|--|------------|--|
| Principal Place of Business Malling Address | | Malling Address | | J (EBSING) ADI TIDIT BEDDE DESCRIPTION SIGNI BEDIT BEDIT DEGLI DEGLI DEGLI DEGLI DEGLI DEGLI DEGLI DEGLI DEGLI | W74F1 1461 | |
| 1326 HURST ST 13: DAYTONA BEACH FL 32117 DA | | UKRAMAN AMERICAN SOC. 1328 HURST ST DAYTONA BEACH FL 32117 US | | | ied For | |
| | | | | | Applicable | |
| 21 26 | | | | 5. Certificate of Status Desired | | |
| | | Suite, Apt. #, etc. | | Election Campaign Financing \$5.00 Ma | | |
| | | 27 | | Trust Fund Contribution | 968 | |
| <u> </u> | | City & State | | 7. Is this nonprofit corporation a homeowners association? | | |
| Zip | Country | 28 Zip | Country | 8. This corporation owes or has paid the current year Inten | cible | |
| 24 | 25 | ├ ─ ' | 10 | Personal Property Tax due June 30. Yes | | |
| 49 1 | 9. Name and Address of Curren | | ~ | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | | | |
| KOWAL, WALTER | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 507 JESSAMINE BLVD. | | | 82 Street A | doress (P.O. Box Number is Not Acceptable) | | |
| DAYTONA BEACH FL 32118 | | | 83 | | | |
| SATIONA SEACITIE GETTO | | | | | | |
| | | | 84 City | FL 85 Žip Co | | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered age | on) and title if applicable. (NOTE: | Registered Agent signature r | equired when reinstating) DATE | | |
| 12. | | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | Change | Addition | |
| NAME | KOWAL, WALTER | | 1.2 NAME | | | |
| STREET ADDRESS | 507 JAESSAMINE BLVD | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | VD | DELETE | 2.1 TITLE | V/D Change | ☐ Addition | |
| NAME | MIZUK, ONUFRIJ | • | 2.2 NAME | Stela Chipok | | |
| STREET ADDRESS | 1060 CHELSEA WAY | | 2.3 STREET ADDRESS | 43 Fisher Lane | į | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | | 2. 4 CITY-ST-ZIP | Palm Coast, Fl. 32137 | | |
| TITLE | SD | DELETE | 3.1 TITLE | S/D Change | Addition | |
| NAME | CHYMERA, WASYL | | 3.2 NAME | Wasyl Tydir | | |
| STREET ADDRESS | 2295 S. GLENCOE RD | | 3.3 STREET ADDRESS | 31 Ponce de Leon | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32 | | 3.4. CITY-ST-ZIP | Ormond Beach, F1.32176 | أحجج | |
| TITLE | TD | DELETE | 4.1 TITLE | T/d Change | Addition | |
| NAME | Steinberg, Marian | | 4. 2 NAME | Onufrej Mizuk | | |
| STREET ADDRESS | 59 CONCORD DR | | 4.3 STREET ADDRESS | 1060 Chelsea Way | | |
| CITY-ST-ZWP | ORMOND BEACH FL 32168 | | 4.4 CITY - ST - ZIP | Port Orange F1 32110 | | |
| TITLE | MD | DELETE | 5.1 TITLE | M/D Change | Addition | |
| NAME | GLITNIALK, PETRO | | 5.2 NAME | Osyp Madeja | | |
| STREET ADDRESS | 1446 S. GLENCOE RD | | 5.3 STREET ADDRESS | 130 S. Peninsula Dr. | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32 | | 5.4 CITY-ST-ZIP | Daytona Beach, Fl. 32118 | 1.120 | |
| TITLE | С | DELETE | 6.1 TITLE | D Change | Addition | |
| NAME | Mayewsky, Julia | | 6.2 NAME | Lida Woloshyn | | |

14. 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 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 or an attachment with an address. // Pres./ 4-21-98 / 258-3318

6.3 STREET ADDRESS 64 CITY-ST-ZIP

FILED

Apr 29 1998 8:00am

Secretary of State