1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14553

1. Corporation Name

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

Principal Place of Business UKRAINIAN AMERICAN SOC. 1328 HURST ST DAYTONA BEACH FL 32117

2. Principal Place of Business

Mailing Address

2a. Mailing Address

UKRAINIAN AMERICAN SOC. 1328 HURST ST DAYTONA BEACH FL 32117

· US

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FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90058 032 ****61.25



3. Date Incorporated or Qualifed

04/23/1986

City & State 5: Certificate of Status Desired Fee Required Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
Section Sect	22		27			59-2694252	No	t Applicable	
28 29 20 20 20 30 30 5 20 30 5 20 30 5 20 20 20 20 20 20 20			City & State			5 Carliford of Status Decired			
Zip Country Zip Country Zip Country Countr	23					5. Certificate of Status Desired	Fee Re	quired	
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Addres		Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be	
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	24	25 29 30		0 .	Trust Fund Contribution		Added t	to Fees	
KOWAL, WALTER 507 JESSAMINE BLVD. DAYTONA BEACH FL 32118 44 City FL 85 Zip Code The previsions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE TILE PD DELETE 11 TILE PD DAYTONA BEACH FL 32118 DELETE 12 NAME CITY-ST-ZP DAYTONA BEACH FL 32118 DELETE 13 TINE 12 NAME 12 NAME 23 STREET ADDRESS CITY-ST-ZP PALM COAST FL 32137 DELETE 31 TINE Change Addition NAME CITY-ST-ZP PALM COAST FL 32137 DELETE 4 NITHE DO DELETE 5 TINE DO DELETE 5 TINE DO DELETE 4 NITHE DO DELETE 5 TINE DO DELETE 5 T						10. Name and Address of New Re	gistered Agent		
SOT JESSAMINE BLVD. DAYTONA BEACH FL 32118 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 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. The animaliar with, and accept the obligations of, Section 617,0503. Phorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD NAME KOWAL, WALTER 12.NAVE 12.NAVE NOTE: Registered Agent agenture required when rehistating) NAME KOWAL, WALTER 12.NAVE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-51-2P NAME NOTIONA BEACH FL 32118 14. CITY-51-2P TITLE VD OAYTONA BEACH FL 32118 14. CITY-51-2P Change Addition NAME NAME CHIPOK, STELA 31 FIRST ADDRESS STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 14. CITY-51-2P TITLE VD CHIPOK, STELA 22. NAME 33 FIRST ADDRESS CITY-51-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition NAME				81	Name			1	
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DAYTONA BEACH FL 32118 B4					Street Address (P.O. Box Mulliber is Not Acceptable)				
### City ### FL 85 Zip Code 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 and the registered agent agent agent agent agent and the registered agent agent agent agent agent agent agent agent and the registered agent age	511 5 <u>155 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>					· · · · · · · · · · · · · · · · · · ·			
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SIGNATURE Signature Signa	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								
SIGNATURE	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
12.	SIGNATIOE								
TITLE	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
NAME COMPANDE BEACH FL 32118	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
STREET ADDRESS STOP JAESSAMINE BLVD	TITLE	PD	☐ DELETE	1.1 TITLE			∐ Change	Addition	
Change	NAME	KOWAL, WALTER		1.2 NAME		•		1	
TITLE	STREET ADDRESS	DDRESS 507 JAESSAMINE BLVD			ADDRESS				
TITLE	CITY-ST-ZIP			1.4 CITY-ST	-zip				
STREET ADDRESS A3 FISHER LANE 23 STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 DELETE 3.1 TITLE Change Addition		□ BELETÉ		2.1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP	NAME	CHIPOK, STELA		2.2 NAME	Ì			ſ	
CITY-ST-ZIP				2.3 STREET	ADDRESS			1	
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CITY-ST-ZIP ORMOND BEACH FL 32176 34. CITY-ST-ZIP TTD	STREET ADDRESS			3.3 STREET	ADDRESS			ŀ	
TTD				3.4. CITY-S	T-ZIP				
NAME							☐ Change	☐ Addition	
STREET ADDRESS 1060 CHELSEA WAY		1 -		4, 2 NAME					
CITY-ST-ZIP		•		\$	ADDRESS				
MD					,				
NAME MADEJA, OSYP		, Fine CTC				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
STREET ADDRESS 130 S PENINSULA DRIVE 5.3 STREET ADDRESS			_ _ ·					ļ	
CITY-ST-ZIP DAYTONA BEACH FL 32118 5.4 CITY-ST-ZIP TITLE D Change Addition 6.2 NAME WOLOSHYN, LIDA 6.2 NAME STREET ADDRESS 435 BONCHELLE DR #202 6.3 STREET ADDRESS CITY-ST-ZIP NEW SMYRNA REACH FL 32169 6.4 CITY-ST-ZIP				5.3 STREET	ADDRESS			Ì	
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	WITISITE I INFW AMITANA DEALE EL AZ 103								

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 arinual 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 Slock 13 of chapter 619, and the statutes is the statute of the corporation of the co

Block 12 or Block 13 il changen, or do an attachment with all address, with all outer like empowered

SIGNATURE AND THE OR PRINTED NAME OF SURNING OFFICE

L/PROS. / 4/8/99 (904) 258-3318

CR2E037 (1.1/98)