

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # N14553

1. Corporation Name

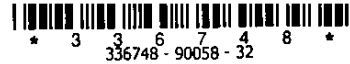
UKRAINIAN-AMERICAN SOCIETY OF DAYTONA BEACH AND VICINITY, INC.

Principal Place of Business

UKRAINIAN AMERICAN SOC.
1328 HURST ST
DAYTONA BEACH FL 32117
US

Mailing Address

UKRAINIAN AMERICAN SOC.
1328 HURST ST
DAYTONA BEACH FL 32117
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/23/1986

4. FEI Number

59-2694252

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75: Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KOWAL, WALTER
507 JESSAMINE BLVD.
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOWAL, WALTER
STREET ADDRESS 507 JAESSAMINE BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE VD ☐ DELETE

NAME CHIPOK, STELA
STREET ADDRESS 43 FISHER LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE SD ☐ DELETE

NAME TYDIR, WASYL
STREET ADDRESS 31 PONCE DE LEON
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE TD ☐ DELETE

NAME MIZUK, ONUFREJ
STREET ADDRESS 1060 CHELSEA WAY
CITY-ST-ZIP PT ORANGE FL 32119

TITLE MD ☐ DELETE

NAME MADEJA, OSYP
STREET ADDRESS 130 S PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ DELETE

NAME WOLOSHYN, LIDA
STREET ADDRESS 435 BONCHELLE DR #202
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Kowal / *Per. 1* / *4/8/99* / *(904) 258-3318*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1.1/98)