


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 048 ****61.25

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| DOCUMENT # N14553 |  |
| 1. Entity Name UKRAINIAN-AMERICAN SOCIETY OF DAYTONA BEACH AND VICINITY, INC. | |

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| 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 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/06)

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| 4. FEI Number 59-2694252 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KOWAL, WALTER 507 JESSAMINE BLVD. DAYTONA BEACH FL 32118 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 PD NAME KOWAL, WALTER STREET ADDRESS 507 JESSAMINE BLVD CITY-ST-ZIP DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME CHIPOK, STELA STREET ADDRESS 43 FISHER LANE CITY-ST-ZIP PALM COAST FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME HANUSZCZAK, VIRA STREET ADDRESS 191 ORCHARD STREET CITY-ST-ZIP PORT ORANGE FL 32127 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME ONUFREY, MIZUK STREET ADDRESS 1060 CHELSEA WAY CITY-ST-ZIP PORT ORANGE FL 32119 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE MD NAME MADEJA, OSYF STREET ADDRESS 130 S PENINSULA DRIVE CITY-ST-ZIP DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE LC NAME WOLOSHYN, LIDA STREET ADDRESS 435 BONCHELLE DR #202 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 | <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 exemptions contained in Section 119, 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: *Walter Kowal* **WALTER KOWAL / PRESIDENT 2/28/07 (386) 258-3318**