FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43198 (3)

1. Corporation Name

UKRAINIAN AUTOCEPHALOUS NATIONAL ORTHODOX CHURCH OF AMERICA AND EUROPE, BLESSINGS OF KIEV, INC.

Principal Place of Business	Mailing Address
1315 N.W. 39TH DRIVE GAINESVILLE FL 32605-4648 US	1315 N.W. 39TH DRIVE GAINESVILLE FL 32605-4648 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3062121 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. SAME	27 Suite, Apt. #, etc.
23 City & State	28 City & State SAME
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ANDE, JOSEPH
1315 NW 39TH DR
GAINESVILLE FL 32605-3135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	ANDE, M. JOSEPH	12 NAME	
STREET ADDRESS	1315 NW 39TH DR	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	TD → ANDE	21 TITLE	☐ Change ☐ Addition
NAME	~~ANDRE~~, SHARON M.	22 NAME	
STREET ADDRESS	1315 NW 39TH DR	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	ILNYCKYJ, NIKOLAUS	32 NAME	
STREET ADDRESS	8149 COCO SOLO AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	TD ☐ Change ☑ Addition
NAME		42 NAME	RAINEY, PERRY
STREET ADDRESS		43 STREET ADDRESS	RT. 2 BOX 2503
CITY-ST-ZIP		44 CITY-ST-ZIP	BELL, FL. 32618
TITLE		51 TITLE	P ☐ Change ☑ Addition
NAME		52 NAME	PAULSON, ARTHUR
STREET ADDRESS		53 STREET ADDRESS	125 N.W. 23RD AVENUE
CITY-ST-ZIP		54 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joseph Ande 4/13/95 (904) 375-3121
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Telephone #
JOSEPH ANDE