

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43198

FILED
Jun 30, 2004
Secretary of State

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

Current Principal Place of Business:

1411 NURSERY RD
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1411 NURSERY RD
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 31-1662340 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PACE, RONALD K ARCH
1411 NURSEY RD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PACE, RONALD K
Address: 1411 NURSERY RD
City-St-Zip: CLEARWATER, FL 33756 US

Title: VD () Delete
Name: CASS, WILLIAM
Address: 11790 68TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL

Title: VD () Delete
Name: PACE, ROSALIE J
Address: 1411 NURSERY RD
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: PAUL, WALTER
Address: 1535 NURSERY RD., APT. 304
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROPONALLD K. PACE ABP

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date