


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43198</b>		
1. Entity Name UKRAINIAN AUTOCEPHALOUS NATIONAL ORTHODOX CHURCH OF AMERICA AND EUROPE, BLESSINGS OF KIEV, INC.		
Principal Place of Business	Mailing Address	
1411 NURSERY RD CLEARWATER, FL 33756 US	1411 NURSERY RD CLEARWATER, FL 33756 US	



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1662340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PAGE, RONALD K ARCH 1411 NURSEY RD CLEARWATER, FL 33758	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PACE, RONALD K 1411 NURSERY RD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CASS, WILLIAM 11790 68TH AVENUE NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PACE, ROSALIE J 1411 NURSERY RD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PAUL, WALTER 1535 NURSERY RD., APT. 304 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000371600  
07/08/05-80010-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Michael + Ronald K. Pace ABP - PRESIDING Bishop.*  
*+ Ronald K. Pace ABP.* **7/6/05- 727-443-1323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #