


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

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



08272006 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent PACE, RONALD K ARCH 1411 NURSEY RD CLEARWATER, FL 33756	
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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 reconstituting) DATE: _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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	

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08/31/06-80004-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Most Rev. + Ronald K. Pace Arch.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____