

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003313 (4)

1. Corporation Name

UKRAINIAN PROJECT FUND, INC.



Principal Place of Business

1223 RIDGEGREEN LOOP N.
LAKELAND FL 33809-0870
US

Mailing Address

1223 RIDGEGREEN LOOP N.
LAKELAND FL 33809-0870
US

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

4. FEI Number
59-3194849

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HOEQUIST, CHARLES E
3191 MAGUIRE BLVD.
SUITE 167
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCMCKAY, GORDON M.	
STREET ADDRESS	5260 GLASGOW AVENUE	
CITY-ST-ZIP	ORLANDO F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FABIAN, ERIC	
STREET ADDRESS	5473 RICHLAND RD	
CITY-ST-ZIP	GIBSONIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERGMAN, RICHARD	
STREET ADDRESS	5831 NE 6TH CT.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURROWS, BRAD	
STREET ADDRESS	8727 SWEET BAY RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JASON K. HARPER	
1.3 STREET ADDRESS	1223 Ridggreen Loop N.	
1.4 CITY-ST-ZIP	Lakeland, FL 33809-0870	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OLEH TORCHINE	
2.3 STREET ADDRESS	30257 DELL LN.	
2.4 CITY-ST-ZIP	WARREN, MI 48092-1835	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ME TATARYN	
3.3 STREET ADDRESS	30257 DELL LN.	
3.4 CITY-ST-ZIP	WARREN, MI 48092-1835	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NATALIA WARREN	
4.3 STREET ADDRESS	6732 BANNER LAKE CIRCLE APT. 6307	
4.4 CITY-ST-ZIP	ORLANDO, FL 32821	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Jason K. Harper* **JASON K. HARPER** **4-3-96** **407-827-4982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)