2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000003313

Entity Name: UKRAINIAN PROJECT FUND, INC.

Current Principal Place of Business:

1223 RIDGEGREEN LOOP N.
LAKELAND, FL 338090870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 691542
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3194849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOEQUIST, CHARLES E
3191 MAGUIRE BLVD.
SUITE 167
ORLANDO, FL 32803 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:	P	( ) Delete
Name:	HARPER, JASON K	
Address:	1223 RIDGEGREEN LOOP N	
City-St-Zip:	LAKELAND, FL	
Title:	D	( ) Delete
Name:	DMYTRIJUK, WALT	
Address:	47 ROMAN LN	
City-St-Zip:	BUFFALO, NY 14226	
Title:	D	( ) Delete
Name:	HAJDUCZOK, GEORGE DR.	
Address:	126 SHERMAN HALL, UNIVERSITY AT BUFFALO	
City-St-Zip:	BUFFALO, NY 14214	
Title:	TM	( ) Delete
Name:	WARREN, NATALIA	
Address:	5836 PETUNIA	
City-St-Zip:	ORLANDO, FL 32821	
Title:	TR	( ) Delete
Name:	TORCHINE, OLEH	
Address:	28648 RYAN RD.	
City-St-Zip:	WARREN, MI 48092	
Title:	TR	( ) Delete
Name:	MCKAY, YURKO	
Address:	5160 GLASGOW AVE.	
City-St-Zip:	ORLANDO, FL 32819	

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:	
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 exemption stated 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 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: JASON K HARPER P 04/29/2009

Electronic Signature of Signing Officer or Director — Date