FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N9700006040**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP :

RUSSIAN UKRAINIAN BAPTIST CHURCH, INC.

Principal Plac	e of Business	Mailing Address	***		1 '			
1701 MONROE STREET 318 JACKSON ST.					(1 19 11) 18 (1 18 11) 18			
- HOLLYWOOD	.FL 33020	HOLLYWOOD FL 33019	۔ دے۔ یوجب		~ -			
					LANGELINE AND LAURE INNERS MAN		1E 011() 001() 714	itt matt inet.
		·				a		
2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qua	ilifed		
21		26			10/24/1997			1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-03	831878	App	lied For
22		27			APPLIED FOR		Not	Applicable
City & Stat	te	City & State			5. Certifcate of Status Desir	ed DX	\$8.75 A	
23		28			V. Certificate of Clares Boom		Fee Rec	uired
Zip	Country	Zip	Country		6. Election Campaign Finan	cing X	\$5.00	
24	25	29 30	0]		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent	81	Name 1	10. Name and Address of N			
Andrew Park	REV. 7	RICHARD COMP.	TON	**	EV. RICHARD	COMP	TON	
AND VICTERY REV. KICHARO COMP.			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD, FL. 330			20 83					
Applied E. L.	BES HOLLYW	1000, 14.330			1 MONROE	STREE		
	•	,	1 1		LOOWYIN	FL	85 Zip C	9 2 0
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statutes,	, the above-	named corpo	oration submits this statement for	r the purpose of c	hanging its r	egistered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	Friorida, Such change was autr	nonzea by ir a Statutoe	ne corporatio	on's board of directors. I nereby	accept the appoint	unent as reg	ISIGIGO
ayon. ra	in anima mai, and accept are obligati	ons oi, section o i r.0303, riona	a Glalules.					
. •			a Glatoles.		AP	R-8-	99	
SIGNATURE	REV . RICHARD Constitution of Registered agent is	COMPTON and title if applicable. (NOTE: Re	egistered Agent	signature required	when reinstating)	R-8-		
SIGNATURE	REV . RICHARD Constitute, typed or printed name of registered agent OFFICERS AND	COMPTON and title if applicable. (NOTE: Re	egistered Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO	DATE	DIRECTOR	
SIGNATURE 12. TITLE	REV . RICHARD Considered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent of Signature, typed or printed name	COMPTON and title if applicable. (NOTE: Re	egistered Agent of 13.	signature required	when reinstating)	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	REV. RICHARD Consideration of Policies and MUDRYK, STEFAN	COMPTON and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME		when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent: OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET	COMPTON and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADORESS	when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019	COMPTON and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADORESS	when reinstating)	DATE	DIRECTOF Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD	COMPTON and title if applicable. (NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADORESS	when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA	COMPTON and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS ZIP	when reinstating)	DATE	DIRECTOF Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET	COMPTON and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS ZIP ADDRESS	when reinstating)	DATE	DIRECTOF Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138	COMPTON and title if applicable. (NOTE: Re DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST-	ADDRESS ZIP ADDRESS	when reinstating)	DATE	DIRECTOF Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE	ADDRESS ZIP ADDRESS	when reinstating)	DATE	DIRECTOR ☐ Change ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADDRESS ZIP ADDRESS	when reinstating)	DATE	DIRECTOR ☐ Change ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A	ADORESS ZIP ADORESS -ZIP ADORESS	when reinstating)	DATE	DIRECTOR ☐ Change ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	REV. RICHARD Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADORESS ZIP ADORESS -ZIP ADORESS	when reinstating)	DATE	DIRECTOR ☐ Change ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE 1 ST. APT. 1005	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 22 NAME 2.4 CITY-ST- 3.1 TITLE 32 NAME 3.3 STREET A 3.4 CITY-ST-	ADORESS ZIP ADORESS -ZIP ADORESS	when reinstating)	DATE	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174 I MIAMI BEACH FL 33168	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE 1 ST. APT. 1005	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174 I MIAMI BEACH FL 33168	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE 1 ST. APT. 1005	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174 I MIAMI BEACH FL 33168	COMPTON and title if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE 1 ST. APT. 1005	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 22 NAME 2.3 STREET A 3.1 TITLE 32 NAME 3.3 STREET A 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY DRIVE 231-174 I MIAMI BEACH FL 33168	COMPTON and USE if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 22 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 32 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST-	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent. OFFICERS AND PD MUDRYK, STEFAN 319 JACKSON STREET HOLLYWOOD FL 33019 TD NAZARUK, LIDIA 432 NE 89TH STREET MIAMI FL 33138 SD SERDIUK, ANNA 2200 BAY BRIVE MIAMI BEACH FL 33168	COMPTON and USE if applicable. (NOTE: Re DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 22 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.2 TITLE 5.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

JIMINITARYE STOKES ARR. 9, 49/954.9252426 SIGNATURE: MUDRYKNSTEFAN REQU

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90063 002 ****75.00

330968 - 90063 - 2

Change

Addition