2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004449

Current Principal Place of Business:

Entity Name: UKRAIANIAN CHILDREN MINISTRIES, INC.

Aug 17, 2004 Secretary of State

New Principal Place of Business:

202 ALLAMANDA DR. LAKELAND, FL 33803

Current Mailing Address: New Mailing Address:

202 ALLAMANDA DR LAKELAND, FL 33803

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUCIDO, VINCENT P 202 ALLÁMANDA DR. LAKELAND, FL 33803

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

KELLEY, KENT E Name: Name: 320 S. IOWA AVE., APT. 1 Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: LUCIDO, VINCENT P Name: Address: 5052 SHADY LAKE LN. Address: City-St-Zip: LAKELLAND, FL 33803 City-St-Zip:

Title: () Delete Title: () Change () Addition

PRESCOTT, JERRY Name: Name: Address: 1617 OSBAN ST. Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip:

Title: () Delete Title: () Change () Addition

MCDUFF, WILBUR S Name: Name: Address: 4701 POLK STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

Title: Title: DT () Delete () Change () Addition

HUNTER, RICHARD F Name: Name: 746 MISSISSIPPI AVE. Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD F HUNTER DT 08/17/2004