2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 756209

Entity Name: SLOVENE NATIONAL BENEFIT SOCIETY LODGE #778, INC

Current Principal Place of Business:

13383 COUNTYLINE RD
BROOKSVILLE, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5852
SPRING HILL, FL 34611

New Mailing Address:

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

Name and Address of Current Registered Agent:

SOROS, ANNE
8642 WOODBRIDGE DR
NEW PORT RICHEY, FL 34655 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:	DRONGOSKY, BEN	
Address:	2639 SW 20TH CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	BOUMA, GRACE,	
Address:	6506 MAYHILL CT.	
City-St-Zip:	SPRING HILL, FL	
Title:	DV	( ) Delete
Name:	HARFMANN, WALT	
Address:	15665 OAKCREST CIR	
City-St-Zip:	BROOKSVILLE, FL 34604	
Title:	TD	( ) Delete
Name:	SOROS, ANNE	
Address:	8642 WOODBRIDGE DR	
City-St-Zip:	NEW PORT RICHEY, FL 34655	

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:	

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: ANNE SOROS TREA 01/30/2009

Electronic Signature of Signing Officer or Director — Date