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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000846

1. Corporation Name
SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODOX CHURCH INCORPORATED

Principal Place of Business Mailing Address
 P.O. BOX 7914 NORTH PORT FL 34287 P.O. BOX 7914 NORTH PORT FL 34287



21	2. Principal Place of Business 8065 PRICE BLVD	26	2a. Mailing Address	3.	Date Incorporated or Qualified 03/17/1993
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FBI Number NOT APPLICABLE
23	23 City & State NORTH PORT, FLORIDA	28	28 City & State	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	24 Zip 34287	25	25 Country	29	29 Zip
30	30 Country	31	31 Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VLAHOVIC, DRAGICA 337 SANTURCE AVE. NORTH PORT FL 34287				81	Name V. REV. FR. Z. GVOZDANOVIC		
				82	Street Address (P.O. Box Number is Not Acceptable) 3266 ALBENGA LN		
				83			
				84	City NORTH PORT	FL	85 Zip Code 34286

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 office 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 *V. Rev. Fr. Z. Gvozdanic*
 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	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP SMILJA TOWE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VLAHOIC, DRAGICA		1.2 NAME	225 SAN CARLOS			
STREET ADDRESS	337 SANTURCE AVE.		1.3 STREET ADDRESS	WARM MINERAL SPRINGS, FL			
CITY-ST-ZIP	NORTH PORT FL 34287		1.4 CITY-ST-ZIP	34287			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	NATALIE SRECKOVICH	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MIHAJLOVIC, SAVKA		2.2 NAME	8787 AGRESS			
STREET ADDRESS	1312 GISELA AVE.		2.3 STREET ADDRESS	NORTH PORT, FL 34287			
CITY-ST-ZIP	NORTH PORT FL 34287		2.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILIC, LANA		3.2 NAME	DANKA NINCEVIC			
STREET ADDRESS	1800 LOGSTON ST.		3.3 STREET ADDRESS	8684 TRIONFO AVE			
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP				
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOMAZEC, SLAVICA		4.2 NAME	NANCY ROKNICH			
STREET ADDRESS	3859 MAGARA TERRACE		4.3 STREET ADDRESS	2700 N. BEACH RD E-205			
CITY-ST-ZIP	NORTH PORT FL 34289		4.4 CITY-ST-ZIP	ENBLEWOOD, FL. 34228			
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LUCIC, VERA		5.2 NAME	MILEVA MILICEVIC			
STREET ADDRESS	8464 CRISTOBAL AVE.		5.3 STREET ADDRESS	3444 SHAWN ST.			
CITY-ST-ZIP	NORTH PORT FL 34287		5.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33980			
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILICEVIC, MILEVA		6.2 NAME				
STREET ADDRESS	3444 SHAWN STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		6.4 CITY-ST-ZIP				

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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 941-4752429
 Date Daytime Phone #

CR2E037 (11/98)