

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90054 039 ****70.00

DOCUMENT # N93000000846

1. Entity Name

SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODO

Principal Place of Business

8065 PRICE BOULEVARD
 NORTH PORT FL 34287
 US

Mailing Address

P.O. BOX 7914
 NORTH PORT FL 34287
 US

2. Principal Place of Business

8065 PRICE BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH PORT, FLORIDA

City & State

Zip

34287

Country

FLORIDA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

V.REV.FRZ.GVOZ, DANOVIC
 3266 ATBENGA LANE
 NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name *V. REV. FR. Z. GVOZ DANOVIC*
 Street Address (P.O. Box Number is Not Acceptable) *3266 ATBENGA LANE*
 City *NORTH PORT* FL Zip Code *34287*

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOWE, SMILJA 225 SAN CARLOS WARM MINERAL SPRINGS FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SRECKOVICH, NATALIE 8787 AGRESS NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NINCEVIC, DANKA 8684 TRIONFO AVENUE NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROKNICH, NANCY 2700 N BEACH ROAD, E-205 ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILCEVIC, MILEVA 3444 SHAWN ST PT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANA MILIC 1500 LOGSDON ST. NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAVKA MIHAILOVICH 1312 GISELA AVE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRJANA TRKULJA 26062 QUITO DR PUNTA, GORDA, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY ROKNICH 2700 N. BEACH ROAD E-205 ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Roknich* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Nancy Roknich* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1-20-01 **DATE** 1-941-475-2429 **DAYTIME PHONE #**

0077439

CR2E037 (10/00)