

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0086742

DOCUMENT # N93000000846

1. Entity Name

**SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODO
X CHURCH INCORPORATED**

04-01-2002 90599 007 ****70.00

Principal Place of Business

Mailing Address

8065 PRICE BOULEVARD
NORTH PORT FL 34287
US

P.O. BOX 7914
NORTH PORT FL 34287
US

2. Principal Place of Business

3. Mailing Address

8065 PRICE BOULEVARD

P.O. BOX 7914

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT FL.

City & State

NORTH PORT FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34287

Country

SARASOTA

Zip

34287

Country

SARASOTA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GVOZDANOVIC, V. REV. FR. Z.
3266 ATBENGA LANE
NORTH PORT FL 34286

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SAME

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 VESELINKA W MATIJASEVIC

Jan. 20/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME DP
MILIC, LANA
STREET ADDRESS 1500 LOGSDON ST
CITY-ST-ZIP NORTH PORT FL 34287

TITLE Change Addition
NAME DP
VESELINKA WILMA MATIJASEVIC
STREET ADDRESS 12420 TAMiami TR P
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE Delete
NAME DVP
MIHAILOVICH, SAUKA
STREET ADDRESS 1312 GISELA AVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE Change Addition
NAME DVP.
TRKULJA MIRJANA
STREET ADDRESS 26062 QUITO DR
CITY-ST-ZIP PUNTA GORDA FL. 33983

TITLE Delete
NAME DS
TRKULJA, MIRJANA
STREET ADDRESS 26062 QUITO DR
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE Change Addition
NAME DVP.
MILEVA BAJIC
STREET ADDRESS 3444 SHAWN ST
CITY-ST-ZIP PORT CHARLOTTE FL. 33980

TITLE Delete
NAME DT
ROKNICH, NANCY
STREET ADDRESS 2700 N BEACH ROAD, E-205
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE Change Addition
NAME DT
ROKNICH NANCY
STREET ADDRESS 2700 N BEACH RD. E-205
CITY-ST-ZIP ENGLEWOOD FL. 34223

TITLE Delete
NAME T
MILICEVIC, MILEVA
STREET ADDRESS 3444 SHAWN ST
CITY-ST-ZIP PT CHARLOTTE FL 33980

TITLE Change Addition
NAME T
LAXIC MILKA
STREET ADDRESS 103 ATWATER ST
CITY-ST-ZIP PORT CHARLOTTE FL. 33954

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME PNO
GUSTIN LANKA
STREET ADDRESS 26062 QUITO DR.
CITY-ST-ZIP PUNTA GORDA FL. 33983

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: V W MATIJASEVIC

Jan 20/02

cell 941 204 1301
941 639 1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)