

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008423

Entity Name: BULGARIAN AMERICAN CULTURAL CENTER - SARASOTA FL, INC.**FILED**
Apr 29, 2013
Secretary of State
CC1314277468**Current Principal Place of Business:**517 LUMINARY BLVD
OSPREY, FL 34229**Current Mailing Address:**517 LUMINARY BLVD
OSPREY, FL 34229**FEI Number: 27-1027209****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GEORGIEVA, MARIANA I
517 LUMINARY BLVD
OSPREY, FL 34229 US*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**Officer/Director Detail :**

Title	MRS.
Name	STOYKA P. MINEV, PRESIDENT
Address	666 NORTH JEFFERSON AVE.
City-State-Zip:	SARASOTA FL 34237

Title	MRS
Name	KIRILOVA, KATYA S
Address	6856 MAUNA LOA BLVD.
City-State-Zip:	SARASOTA FL 34241

Title	MRS.
Name	TZONKA, GADJOKOVA
Address	2640 MAN OF WAR CIR.
City-State-Zip:	SARASOTA FL 34240

Title	MRS.
Name	GERGANA NIKOLOVA, DIRECTOR OF EDUCATION
Address	8051 LIMESTONE LN.
City-State-Zip:	SARASOTA FL 34233

Title	MRS.
Name	MARIANA, GEORGIEVA I
Address	517 LUMINARY BLVD.
City-State-Zip:	OSPREY FL 34229

Title	MRS.
Name	DENITZA, PETROVA
Address	3710 HIGEL AVE.
City-State-Zip:	SARASOTA FL 34242

I hereby 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 all other like empowered.

SIGNATURE: STOYKA P.MINEV**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date