
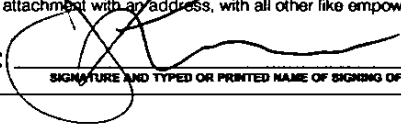


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 011 ****61.25

DOCUMENT # 704197					
1. Entity Name ST. SAVA SERBIAN EASTERN ORTHODOX CHURCH OF ST PETERSBURG, FLORIDA, INC.					
Principal Place of Business 530 77TH AVENUE NORTH ST PETERSBURG, FL 33702-4318			Mailing Address 530 77TH AVENUE NORTH ST PETERSBURG, FL 33702-4318		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6557223	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WERNER, SIDNEY SUITE 301-300 WEST BLDG. 3151 3RD AVENUE NORTH ST PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PC NAME RASPOPOVICH, SCOTT STREET ADDRESS 9361 MERRIMOR BLVD CITY-ST-ZIP SEMINOLE, FL 33777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ZAREMBA, PROTONEMESNIK S STREET ADDRESS 8122 15TH WAY N CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME Zaremba, Stephen STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME DESPOTOVIC, MILENKO STREET ADDRESS 5901 15TH WAY N CITY-ST-ZIP SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SLJIVIC, ZELJKO STREET ADDRESS 131 98TH AVE NE CITY-ST-ZIP SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CHENOWITH, DENISE STREET ADDRESS 18116 SANDY POINTE DR CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Paula Blanda STREET ADDRESS 4219 Huntington St NE CITY-ST-ZIP St. Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME LONCARGKI, JANET STREET ADDRESS 7840 9TH AVE S CITY-ST-ZIP SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete		TITLE NAME LONCARSKI, JANET STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 04/03/07 727-385-3680		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					