

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90189 028 ****70.00

DOCUMENT # 752823					
1. Entity Name ST. SIMEON "THE MYRRH FLOWING" SERBIAN ORTHODOX CHURCH PARISH OF SOUTH FLORIDA, INC.					
Principal Place of Business 175 N.W. 154TH STREET NORTH MIAMI, FL 33169-6724			Mailing Address 175 N.W. 154TH STREET NORTH MIAMI, FL 33169-6724		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2606406	
5. Certificate of Status Desired - <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRANOVICK, BRANKO 2801 NE 39TH STREET LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: <u><i>Branko Franovich</i></u> DATE: <u>2/27/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME GARCEV, DIMITRIJE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3010 NE 58TH ST	CITY-ST-ZIP FORT LAUDERDALE, FL 33308		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME STANIMIROVIC, MIKE	<input checked="" type="checkbox"/> Delete	NAME ILICH, PETAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 415 76TH STREET	CITY-ST-ZIP FORT LAUDERDALE, FL 33319		STREET ADDRESS 4101 ADAMS ST.	CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE SD	NAME CORE, NICHOLINE	<input type="checkbox"/> Delete	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3776 MYKONOS COURT	CITY-ST-ZIP BOCA RATON, FL 334871283		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME MATIJEVICH, OLGA	<input type="checkbox"/> Delete	NAME SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1443 HARDING STREET	CITY-ST-ZIP HOLLYWOOD, FL 33020		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME FRANOVICK, BRANKO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2801 NE 39TH STREET	CITY-ST-ZIP LIGHTHOUSE, FL 33064		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u><i>Branko Franovich</i></u>			Date: <u>2/27/08</u> Daytime Phone #: <u>954-785-8623</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					