

2-3-97

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FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756209 (3)

1. Corporation Name

SLOVENE NATIONAL BENEFIT SOCIETY LODGE #778, INC

Principal Place of Business

13383 COUNTYLINE RD
BROOKSVILLE FL 34809
US

Mailing Address

P.O. BOX 5852
SPRING HILL FL 34611-0901
US3. Date Incorporated or Qualified
02/05/19813a. Date of Last Report
03/11/1996

4. FEI Number

36-3306798

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOROS, ANNE
7487 CANTERBURY
SPRING HILL FL 34606

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARFMAN, WALTER
STREET ADDRESS 185 GARLAND CIR.
CITY - ST - ZIP PLAM HARBOR FL☐ DELETETITLE SD
NAME GOMBOOS, JOHN A
STREET ADDRESS 8642 WOODBRIDGE DR
CITY - ST - ZIP NEW PORT RICHEY FL 34655☐ DELETETITLE D
NAME BOUMA, GRACE
STREET ADDRESS 6506 MAYHILL CT.
CITY - ST - ZIP SPRING HILL FL☐ DELETETITLE DV
NAME BOUMA, FRANK
STREET ADDRESS 6506 MAYHILL CT.
CITY - ST - ZIP SPRING HILL FL☐ DELETETITLE D
NAME EDWARD THOMAS
STREET ADDRESS 12499 HARKER STREET
CITY - ST - ZIP BROOKSVILLE FL☐ DELETETITLE TD
NAME SOROS, ANNE
STREET ADDRESS 7487 CANTERBURY
CITY - ST - ZIP SPRING HILL FL 34606☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066573

CR2E037 (9/96)