

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90120 021 ****61.25

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DOCUMENT # 756209

1. Corporation Name

SLOVENE NATIONAL BENEFIT SOCIETY LODGE #778, INC

Principal Place of Business

13383 COUNTYLINE RD
BROOKSVILLE FL 34609
US

Mailing Address

P.O. BOX 5852
SPRING HILL FL 34606
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/05/1981

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOROS, ANNE
7487 CANTERBURY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name **ANNE SOROS**
82 Street Address (P.O. Box Number is Not Acceptable)
8642 Woodbridge Dr
83 **NEW PORT RICHEY,**
84 City **FL** 85 Zip Code **34655**

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 *Anne Soros*

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

(NOTE: Registered Agent signature required when reinstating)

2/28/99
DATE

12. OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	8642 Woodbridge Dr
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/99 1-727-372-0509

CR2E037 (11/98)