

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 034 ****61.25

DOCUMENT # 756209

1. Entity 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 34611**



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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOROS, ANNE
8642 WOODBRIDGE DR
NEW PORT RICHEY FL 34655**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOMBOCS, 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 checked="" type="checkbox"/> Delete
NAME	MARKEL, ANTHONY	
STREET ADDRESS	17539 SE 96TH ST COURT	
CITY- ST- ZIP	SUMMERFIELD FL 34491-6432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOROS, ANNE	
STREET ADDRESS	8642 WOODBRIDGE DR	
CITY- ST- ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drongosky, Ben	
STREET ADDRESS	2639 SW 20th Circle	
CITY- ST- ZIP	Ocala, Fla. 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	BV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walt Harfmann	
STREET ADDRESS	15665 Oakcrest Cir	
CITY- ST- ZIP	Brooksville, Fl. 34604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ANNE SOROS T

3/19/08 727-372-0509