

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005787

1. Entity Name
SLOVENE NATIONAL BENEFIT SOCIETY



Principal Place of Business
247 W. ALLEGHENY RD
IMPERIAL, PA 15126

Mailing Address
247 W. ALLEGHENY RD
IMPERIAL, PA 15126

DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
36-1787650

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANISH, JOSEPH C 247 W. ALLEGHENY RD IMPERIAL, PA 15126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTAR, KAREN A 247 W. ALLEGHENY RD IMPERIAL, PA 15126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, ROBERT J 247 W. ALLEGHENY RD IMPERIAL, PA 15126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOMSIC, RICHARD 25571 GLENBROOK BLVD EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CVETAS, JOSEPH 356 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELISH, PETER M 165 E. PIKE ST CANONSBURG, PA 153171765

000001230529
02/15/05-80047-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert J. Lawrence Robert J. Lawrence

2/17/05

724-695-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #