

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 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**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**1000000447790
03/08/06-80072-003 61.25**

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 | TO LAWRENCE, ROBERT J 247 W. ALLEGHENY RD IMPERIAL, PA 15126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C TOMISIC, 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 |

**DO NOT WRITE
IN THIS SPACE**

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: Robert J. Lawrence **Robert J. Lawrence** 2/7/06 **800-843-7675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #