

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 023 ****61.25

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		
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		Country		4. FEI Number 36-1787650	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANISH, JOSEPH C <input type="checkbox"/> Delete 247 W. ALLEGHENY RD IMPERIAL, PA 15126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINTAR, KAREN A <input type="checkbox"/> Delete 247 W. ALLEGHENY RD IMPERIAL, PA 15126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, ROBERT J <input type="checkbox"/> Delete 247 W. ALLEGHENY RD IMPERIAL, PA 15126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOMSIC, RICHARD <input checked="" type="checkbox"/> Delete 25571 GLENBROOK BLVD EUCLID, OH 44117				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CVETAS, JOSEPH <input type="checkbox"/> Delete 356 GOLFVIEW ROAD NORTH PALM BEACH, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELISH, PETER M <input checked="" type="checkbox"/> Delete 165 E. PIKE ST CANONSBURG, PA 153171765				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition C Phyllis M. Wood 9519 Evergreen Lane Fontana, CA 92335				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ken Anderson 2400 Derby Road Birmingham, MI 48009				
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: <u>Robert J. Lawrence</u> Robert J. Lawrence 5/29/07 800-843-7675 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					