

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 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**



02182008 No Chg-NP

CR2E037 (4/06)

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EVANISH, JOSEPH C
STREET ADDRESS	247 W. ALLEGHENY RD
CITY-STATE-ZIP	IMPERIAL, PA 15126
TITLE	SD
NAME	PINTAR, KAREN A
STREET ADDRESS	247 W. ALLEGHENY RD
CITY-STATE-ZIP	IMPERIAL, PA 15126
TITLE	TD
NAME	LAWRENCE, ROBERT J
STREET ADDRESS	247 W. ALLEGHENY RD
CITY-STATE-ZIP	IMPERIAL, PA 15126
TITLE	C
NAME	WOOD, PHYLLIS M
STREET ADDRESS	9519 EVERGREEN LANE
CITY-STATE-ZIP	FONTANA, CA 92335
TITLE	C
NAME	CVETAS, JOSEPH
STREET ADDRESS	356 GOLFVIEW ROAD
CITY-STATE-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	ANDERSON, KEN
STREET ADDRESS	2400 DERBY ROAD
CITY-STATE-ZIP	BIRMINGHAM, MI 48009

**DO NOT WRITE
IN THIS SPACE**

U00000840331
03/06/08-80042-020 61.25

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

800-843-7675

Daytime Phone #