

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005787

FILED
Feb 17, 2009
Secretary of State

Entity Name: SLOVENE NATIONAL BENEFIT SOCIETY

Current Principal Place of Business:

247 W. ALLEGHENY RD
IMPERIAL, PA 15126

New Principal Place of Business:

Current Mailing Address:

247 W. ALLEGHENY RD
IMPERIAL, PA 15126

New Mailing Address:

FEI Number: 36-1787650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANISH, JOSEPH C
Address: 247 W. ALLEGHENY RD
City-St-Zip: IMPERIAL, PA 15126

Title: SD () Delete
Name: PINTAR, KAREN A
Address: 247 W. ALLEGHENY RD
City-St-Zip: IMPERIAL, PA 15126

Title: TD () Delete
Name: LAWRENCE, ROBERT J
Address: 247 W. ALLEGHENY RD
City-St-Zip: IMPERIAL, PA 15126

Title: C () Delete
Name: WOOD, PHYLLIS M
Address: 9519 EVERGREEN LANE
City-St-Zip: FONTANA, CA 92335

Title: C () Delete
Name: CVETAS, JOSEPH
Address: 356 GOLFOVIEW ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: ANDERSON, KEN
Address: 2400 DERBY ROAD
City-St-Zip: BIRMINGHAM, MI 48009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LAWRENCE

TD

02/17/2009

Electronic Signature of Signing Officer or Director

Date