

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90064 008 \*\*\*\*70.00

**DOCUMENT # N00000000381**

1. Entity Name

**ST. JOVAN KRSTITEL MACEDONIAN ORTHODOX CHURCH, I NC.**

Principal Place of Business

Mailing Address

1150 CLEVELAND ST., STE. 400  
 CLEARWATER FL 33757

1150 CLEVELAND ST., STE. 400  
 CLEARWATER FL 33757

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 914**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TARPON SPRINGS, FLORIDA**

4. FEI Number

**59-3624519**

Applied For

Not Applicable

Zip

Country

Zip

Country

~~34688~~

~~U S A~~

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZDRAVKO, TYRONE ESQ.**  
**1150 CLEVELAND ST., STE. 400**  
**CLEARWATER FL 33757**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **FILIPOFSKI, GEORGE**  
 STREET ADDRESS **1150 CLEVELAND ST., STE. 400**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE **D**  Change  Addition  
 NAME **KIROVSKI ZORANCO**  
 STREET ADDRESS **1150 CLEVELAND ST. STE. 400**  
 CITY-ST-ZIP **CLEARWATER, FL. 33757**

TITLE **VD**  Delete  
 NAME **LOZANOV, BORIS**  
 STREET ADDRESS **1150 CLEVELAND ST., STE. 400**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE **VD**  Change  Addition  
 NAME **STAMENKOVIC SLOBODAN**  
 STREET ADDRESS **1150 cleveland st. ste 400**  
 CITY-ST-ZIP **CLEARWATER FL. 33757**

TITLE **SD**  Delete  
 NAME **DOJCINOVSKI, ANGELKO**  
 STREET ADDRESS **1150 CLEVELAND ST., STE. 400**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **POPOVSKI, GOKO**  
 STREET ADDRESS **1150 CLEVELAND ST., STE. 400**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE **SD**  Change  Addition  
 NAME **TRAJKOVSKI DEAN**  
 STREET ADDRESS **1150 CLEVELAND ST. STE 400**  
 CITY-ST-ZIP **CLEARWATER FL. 33757**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Change  Addition  
 NAME **FILIPOVSKI SUZANA**  
 STREET ADDRESS **1150 CLEVELAND ST. STE 400**  
 CITY-ST-ZIP **CLEARWATER FL. 33757**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT**  Change  Addition  
 NAME **POPOVSKA ALBINA**  
 STREET ADDRESS **1150 CLEVELAND ST. STE 400**  
 CITY-ST-ZIP **CLEARWATER, FL. 33757**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **FILIPOVSKI SUZANA** *Suzana Filipovski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-2002** (727) 937-7750  
 Date Daytime Phone #

CR2E037 (9/01)