
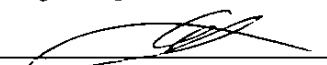



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 045 ****70.00

DOCUMENT # N00000000381 1. Entity Name ST. JOVAN KRSTITEL MACEDONIAN ORTHODOX CHURCH, INC.					
Principal Place of Business 3509 BLAYTON ST. NEW PORT RICHEY, FL 34652			Mailing Address 3509 BLAYTON ST. NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 3509 BLAYTON ST. Suite, Apt. #, etc.		3. Mailing Address 3509 BLAYTON ST. Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL. Zip 34652		City & State NEW PORT RICHEY, FL. Zip 34652		4. FEI Number 59-3624519	
Country PASCO		Country PASCO		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ZDRAVKO, TYRONE ESQ. 3411 PALM HARBOR BLVD. SUITE A PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name ANGELKO DOJCINOVSKI Street Address (P.O. Box Number is Not Acceptable) 3343 BIGELOW DR. City HOLIDAY FL Zip Code 34691		
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  DATE 1/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
Filing Fee is \$81.25 Due by May 1, 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	P ZORANCO, KIROVSKI <input type="checkbox"/> Delete 1644 GARY BARK DRIVE OLDSMAR, FL 34677	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete GOREVSKI, PETER 2740 WHITEBRIDGE DR. PALM HARBOR, FL 34684	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	S <input type="checkbox"/> Delete DOJCINOVSKI, ANGELKO 3343 BIGELOW DR. HOLIDAY, FL 34691	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete FILIPOVSKI, GEORGE 1600 GULF BEACH BLVD. TARPON SPRINGS, FL 34689	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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:  DATE 1/8/07 727-944-4087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					