2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000381

FILED Jan 14, 2008 Secretary of State

Entity Name: ST. JOVAN KRSTITEL MACEDONIAN ORTHODOX CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3509 BLAYTON ST.

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

3509 BLAYTON ST.

NEW PORT RICHEY, FL 34652

FEI Number: 59-3624519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOJLINOVSKI, ANGELKO 3343 BIGELOW DR

3343 BIGELOW DR 3509 BLAYTON STREET NEW PORT RICHEY, FL 34652 US

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: TEMELKOVSKI SLOBODANKA 01/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TEMELKOVSKI, SLOBODANKA

Fitle: P () Delete Title: P (X) Change () Addition

Name: ZORANCO, KIROVSKI Name: DIMOV, VELIMIR
Address: 1644 GARY BARK DRIVE Address: 574 VILLAGE DRIVE

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete Title: VP (X) Change () Addition Name: GOREVSKI, PETER Name: DIMITROVSKI, ZDRAVKO Address: 2740 WHITEBRIDGE DR. Address: 9640 PATRICIAN DRIVE

City-St-Zip: PALM HARBOR, FL 34684 Address: 9040 PATRICIAN DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete Title: (X) Change () Addition DOJCINOVSKI, ANGELKO TEMELKOVSKI, SLOBODANKA Name: Name: 3343 BIGELOW DR. 644 ISLAND WAY # 208 Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: CLEARWATER, FL 33767

Name: FILIPOVSKI, GEORGE Name: BOGDANOV, DUSAN
Address: 1600 GULF BEACH BLVD. Address: 1221 DREW STREET APT. B11
City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: CLEARWATER, FL 33755

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: TEMELKOVSKI SLOBODANKA SECR 01/14/2008