## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000381

FILED Feb 03, 2009 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: TEMELKOVSKI, SLOBODANKA 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DIMOV, VELIMIR Name: Name: 574 VILLAGE DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: () Change () Addition DIMITROVSKI, ZDRAVKO Name: Name: Address: 9640 PATRICIAN DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: () Delete Title: () Change () Addition TEMELKOVSKI, SLOBODANKA Name: Name: 644 ISLAND WAY # 208 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BOGDANOV, DUSAN Name: Name: SEKULOVSKI, TODA 1221 DREW STREET APT. B11 2541 FLINTWOOD DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: NEW PORT RICHEY, FL 34690

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: SLOBODANKA TEMELKOVSKI SEKR 02/03/2009