

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000652

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: BOSNIAN CULTURAL CENTER, INC.

## Current Principal Place of Business:

8033 VIRGO STREET  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

11050 PIERCE ARROW COURT  
JACKSONVILLE, FL 32246

## Current Mailing Address:

8033 VIRGO STREET  
JACKSONVILLE, FL 32216

## New Mailing Address:

11050 PIERCE ARROW COURT  
JACKSONVILLE, FL 32246

FEI Number: 59-3619107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONLIC, EDI  
8033 VIRGO STREET  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

DONLIC, EDI  
11050 PIERCE ARROW COURT  
JACKSONVILLE, FL 32246 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:

01/19/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DONLIC, EDI  
Address: 8033 VIRGO STREET  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: KORJENIC, ISMET  
Address: 6427 SALIS DRIVE #417  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete  
Name: DONLIC, SANJA  
Address: 8033 VIRGO STREET  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DONLIC, EDI  
Address: 11050 PIERCE ARROW COURT  
City-St-Zip: JACKSONVILLE, FL 32246

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 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 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: EDI DONLIC

D

01/19/2004

Electronic Signature of Signing Officer or Director

Date