

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2004
Secretary of State**

DOCUMENT# N00000000652

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