

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002180

1. Entity Name
EUROPEAN CULTURAL CENTER, INC.



Principal Place of Business
5711 BOWDEN RD STE 17
JACKSONVILLE, FL 32216

Mailing Address
5711 BOWDEN RD STE 17
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004

Chg-NP

CR2E037 (10/03)

4. FEI Number

S1-0459088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISOVIC, ADNAN
5711 BOWDEN RD STE 17
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ISOVIC, ADNAN
STREET ADDRESS 5711 BOWDEN RD STE 17
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE V ☐ Delete
NAME ISOVIC, SANELA
STREET ADDRESS 5711 BOWDEN RD STE 17
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE T ☐ Delete
NAME BERIC, DRAGAN
STREET ADDRESS 3770 TOLEDO RD #42
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 500041775445
STREET ADDRESS 10/11/04-01041--003 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-04

Date

(904) 338-9510

Daytime Phone #

FILED

04 OCT -7 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

