


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90327 024 ****61.25

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
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50039595

2. Principal Place of Business 10648 Brighton Hill Cir S. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. <i>same</i>
City & State Jacksonville	City & State <i>same</i>
Zip FL	Country Duval
Zip 32256	Country 32256



02282005 Chg-NP CR2E037 (10/03)

4. FEI Number 51-0459088		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: ISOVIC, ADNAN Street Address (P.O. Box Number is Not Acceptable): 10648 Brighton Hill Cir. S. City: Jacksonville FL Zip Code: 32256	
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: <u>ISOVIC ADNAN</u> DATE: <u>02-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISOVIC, ADNAN 5711 BOWDEN RD STE 17 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISOVIC, ADNAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10648 Brighton Hill Cir. S. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISOVIC, SANELA 5711 BOWDEN RD STE 17 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISOVIC, SANELA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10648 Brighton Hill Cir. S. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERIC, DRAGAN 3770 TOLEDO RD #42 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>ISOVIC ADNAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>02-28-05</u> <u>(904) 733-4547</u> <small>Date Daytime Phone #</small>