

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90440 001 *****8.75
05-03-2006 90440 002 *****61.25

00014043



05012006 Chg-NP CR2E037 (4/06)

4. FEI Number **75-3203760** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HRGIC, LIDA LYDIA
200 72ND AVE N
APT 207
ST PETERSBURG, FL 33702

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 Lida Lydia Hrgic Director 05/01/06 DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	HRGIC, LIDA LYDIA	
STREET ADDRESS	200 72ND AVE N, APT 207	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAICEVIC, MILOFE	
STREET ADDRESS	4724 56 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREBO, ZOBRAVKO	
STREET ADDRESS	200 72ND AVE N, APT 207	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORMAN, VICTOR	
STREET ADDRESS	11590 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUGIER, SYLVIA	
STREET ADDRESS	200 72ND AVE N, APT 207	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	HRGIC-ANDZIC, VOJISLAVA	
STREET ADDRESS	200 72ND AVE N, APT 207	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUGIER SYLVIA	
STREET ADDRESS	200 72ND AVE N. Apt # 207	
CITY-ST-ZIP	St. Petersburg 33702	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRGIC-ANDZIC, VOJISLAVA	
STREET ADDRESS	200 72ND AVE N. Apt # 207	
CITY-ST-ZIP	St. Petersburg 33702	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lida Lydia Hrgic 05/01/06 727.527-7306 Date Daytime Phone #