

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90053 017 ****61.25

DOCUMENT # N05000006407					
1. Entity Name SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODOX CHURCH OF NORTH PORT INCORPORATED					
Principal Place of Business 8065 PRICE BOULEVARD NORTH PORT, FL 34287 US			Mailing Address P.O. BOX 7914 NORTH PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILIC, LANA 8560 W. PRICE BLVD NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name <u>Lina Nikolic</u> Street Address (P.O. Box Number is Not Acceptable) <u>2556 Logsdon St</u> City <u>North Port</u> FL Zip Code <u>34287</u>		
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>Carolina Nikolic</u> 3-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILIC, LANA 8560 W. PRICE BLVD NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINA NIKOLIC 2556 Logsdon St North Port FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JELKA, GLOMICH 4038 CORVETTE LN NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milena Radojicic 309 San Benito ave warm mineral Spring FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANA, STORM 1005 AMPLE AVE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nata Sreckovic 8787 Agress ave North Port FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RADA, DJORDJEVIC 8291 LOMBRA AVE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emina Solujic 1356 Everest Rd. Venice FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILKA, LAZIC 103 ATWATER ST PORT CHALOTTE, FL 33954	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILJANA Putnik-McGinn 2556 Logsdon St North Port FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINA, NIKOLIC 2556 LOGSDON ST NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	milka mijic 8477 Fay ave North Port FL 34287	
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: <u>Carolina Nikolic</u>			3-15-07 ⁽⁹⁴¹⁾ 258-2798		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		