

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2009
Secretary of State

DOCUMENT# N05000006407

Entity Name: SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODOX CHURCH OF NORTH PORT
INCORPORATED**Current Principal Place of Business:**8065 W. PRICE BOULEVARD
NORTH PORT, FL 34287 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7914
NORTH PORT, FL 34290 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STORM, DANA
1005 AMPLE AVE.
PORT CHARLOTTE, FL 33948 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GLOMICH, JELKA
Address: 4038 CORVETTE LN.
City-St-Zip: NORTH PORT, FL 34287 US**Title:** VP () Delete
Name: MATIJASEVIC, VESELINKA W
Address: 49 SAN MATIAS AVE.
City-St-Zip: PUNTA GORDA, FL 33983 US**Title:** VP () Delete
Name: MARINKOVIC, GORDANA
Address: 8339 COCO SOLO AVE.
City-St-Zip: NORTH PORT, FL 34287 US**Title:** S () Delete
Name: GVOZDANOVIC, MIRA M
Address: 2755 CAMILO LN.
City-St-Zip: NORTH PORT, FL 34286 US**Title:** T () Delete
Name: STORM, DANA
Address: 1005 AMPLE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948 US**Title:** FS () Delete
Name: GUSTIN, LENKA
Address: 2950 N. BEACH RD. #A-222
City-St-Zip: ENGLEWOOD, FL 34223 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: MILKA, LAZIC
Address: 2922 LOGSDON ST.
City-St-Zip: NORTH PORT, FL 34287 US**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 exemption stated 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 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: DANA STORM

T

05/05/2009

Electronic Signature of Signing Officer or Director

Date