

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N30780 (3)

1. Corporation Name

**AMERICAN SERBIAN ORTHODOX ASSOCIATION OF CENTRAL
FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O ST. PETKA SERBIAN ORTHODOX CHURCH
1980 LAKE EMMA RD.
LONGWOOD FL 32750**

**C/O ST. PETKA SERBIAN ORTHODOX CHURCH
1980 LAKE EMMA RD.
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2956188	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRBOVICH, DARINKA
2437 FULTON ROAD
KISSIMMEE FL 34744**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MINICH, MICHAEL	1.2 NAME	
STREET ADDRESS	5315 TWIN PALMS RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRUITLAND FL 32731	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	NEDELJKOVIC, STEVAN	2.2 NAME	
STREET ADDRESS	1107 OSCELOT TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TRBOVICH, DARINKA	3.2 NAME	
STREET ADDRESS	2437 FULTON ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	GURSKY, INGRID	4.2 NAME	
STREET ADDRESS	2410 ORCHARD DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32712	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stevan Nedeljkovic* 4/24/95 407-281-3373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVAN I. NEDELJKOVIC

Date

Signature Number