

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33792

FILED
Mar 20, 2009
Secretary of State

Entity Name: MACEDONIAN ORTHODOX CHURCH "ST. DIMITRIJA", INC.

Current Principal Place of Business:

4980 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4980 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0201216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVANOVSKI, VASIL
11049 SW 146 CT.
MIAMI, FL 33186 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: PSD () Delete
Name: STEVANOVSKI, VASIL
Address: 11049 SW 146TH CT.
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: PACINOVSKI, DRAGAN
Address: 2401 S OCEAN DR. APT.2402
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: DIMITROFF, PATRICIA
Address: 107 CLAREMONT LN.
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: VS () Delete
Name: POPOVSKI, DIMITAR
Address: 1143 NW 124TH PL.
City-St-Zip: MIAMI, FL 33182

Title: T () Delete
Name: IVANOVSKI, PANDE
Address: 5817 SW 89TH LANE
City-St-Zip: COOPER CITY, FL 33328

Title: VT (X) Delete
Name: GORESKE, VELICHE
Address: 9091 FOUNTAIN RD.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GOGOVSKA, LENA
Address: 424 SE 11TH TER.
City-St-Zip: DANIA BEACH, FL 33404-451 US

Title: T (X) Change () Addition
Name: IVANOVSKI, PANDE
Address: 5817 SW 89TH LANE
City-St-Zip: COOPER CITY, FL 33328

Title: VT (X) Change () Addition
Name: GORESKE, VELICHE
Address: 9091 FOUNTAIN RD.
City-St-Zip: LAKE WORTH, FL 33467

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: VASIL STEVANOVSKI

PSD

03/20/2009

Electronic Signature of Signing Officer or Director

Date