FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N50741 (0)

1. Corporation Name

CROATIAN AMERICAN CLUB OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1036 INDIAN ROCKS BEACH FL 34635-103 US	P.O. BOX 1036 INDIAN ROCKS BEACH FL 34635-103 US

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3152106 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARK, AL
40347 US 19 N.
STE. #136
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	~~KOSTA, SONJA~~ NIVES DENNY	12 NAME	NIVES DENNY	
STREET ADDRESS	~~1967 CORMORANT CT #512~~ 4528 20TH AV N	13 STREET ADDRESS	4528 20TH AV N	
CITY-ST-ZIP	~~CLEARWATER FL~~ ST. PETERSBURG, FL 33713	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	~~DELUHAN, FRANK~~ SILVIA WINKLER	22 NAME	SILVIA WINKLER	
STREET ADDRESS	~~16125 4TH ST EAST~~ 8015 BARDMOOR N. #201	23 STREET ADDRESS	8015 BARDMOOR PL. #201	
CITY-ST-ZIP	~~REDDINGTON BEACH FL~~ LARGO, FL. 34647	24 CITY-ST-ZIP	LARGO, FL 34647	
TITLE	2VD	31 TITLE	2 V.D	☑ Change ☐ Addition
NAME	~~MILKOVICH, MICHAEL~~ LJUBICA PRIVE	32 NAME	LJUBICA PRIVE	
STREET ADDRESS	~~14950 GULF BLVD., #803~~ 1003 7TH ST. SO.	33 STREET ADDRESS	1003 7TH ST. SO.	
CITY-ST-ZIP	~~MADEIRA BEACH FL 33708~~ SAFETY HARBOR, FL 34695	34 CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	POBORAC, SEKA	42 NAME		
STREET ADDRESS	8100 STIMIE AVE NORTH	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	PENN, VERA	52 NAME		
STREET ADDRESS	9688 COMMODORE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Vera Penn VERA PENN 4-25-95 813-595-1498
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

000900