FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

Nov-7 2004 APPROVED 3
AND
FILED
95 JUN 21 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01011--014
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000846

1. Corporation Name

SISTERHOOD ST. PETKA OF ST. SAVA
SERBIAN ORTHODOX CHURCH INCORPORATED

Principal Place of Business | Mailing Address

P.O. BOX 7078
NORTH PORT,FLA 34287

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 7912
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 NORTH PORT, FLA
Zip 24 , Country 25	Zip 29 34287 Country 30 SARASOTA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARICA STOJANOVIC
8440 FAY ST.
NORTH PORT, FLA 34287

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ____ 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 / NAME	P — MILKA LAZIC	1.1 TITLE / 1.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	103 Atwater Street	1.3 STREET ADDRESS
CITY ST ZIP	~~Port Charl;otte,Fl, 33954~~	1.4 CITY ST ZIP
TITLE / NAME	VP — OLGA MITIC	2.1 TITLE / 2.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	6322 Jordan Street,	2.3 STREET ADDRESS
CITY ST ZIP	~~North Port, Fl. 34287~~	2.4 CITY ST ZIP
TITLE / NAME	T — JELENA Milutinovic	3.1 TITLE / 3.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	980 Sidney Terrace	3.3 STREET ADDRESS
CITY ST ZIP	Port Charlotte, Fl33948	3.4 CITY ST ZIP
TITLE / NAME	T — VUKOSAVA GLAMOCLIJA	4.1 TITLE / 4.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	11192 ALCOTT Ave.	4.3 STREET ADDRESS
CITY ST ZIP	Englewood, Fl 34224	4.4 CITY ST ZIP
TITLE / NAME	T — VERA LUCIC	5.1 TITLE / 5.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	8464 Cristobal Ave.	5.3 STREET ADDRESS
CITY ST ZIP	North Port, Fl 34287	5.4 CITY ST ZIP
TITLE / NAME	T — MILEVA MILICEVIC	6.1 TITLE / 6.2 NAME ☐ Change ☐ Addition
STREET ADDRESS	3444 Shawn Street	6.3 STREET ADDRESS
CITY ST ZIP	Port Charlotte, Fl 33980	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milka Lazic MILKA LAZIC,Pres. 5.23.1995.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(813)255-0968

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00

ORATION SUPPLEMENTAL FEE
ARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and reg
2. Include information in Blocks 3 and 4 if
3. Signature of the proper officer or direct
4. Indicate liability for intangible tax under
5. Submit with total amount due in the for Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's of corporation cannot be changed by way

Block 2. Enter the principal place of business if diff

Block 2a. If the computer-entered mailing address ir

Block 3. Enter the date of incorporation or qualifica

Block 3a. Enter the file date of the last filed annual re

Block 4. Complete Block 4 by entering your Federal now provide the FEI number. For assistanc

Block 5. Should you desire a certificate reflecting yc fee.

Block 6. Florida law allows for a voluntary contributi and members of the Cabinet. If you would l

Block 8. Check the appropriate box. Please direct al

Block 9. The law requires that each corporation hav in Block 10. There is no additional fee to ch

Block 10. Enter name of new Registered Agent and/o THE CORPORATION CANNOT BE ITS OWN

Block 11. The new registered agent must indicate ha signing in Block 11. No signature is necess their position with the corporation. NOTE: I

Block 12. Block 12 contains the last information on o block 13. If there is no change in the inform

Block 13. Block 13 is for changes or additions to the title line: *P=President; V=Vice President; T positions, e.g., S/D; V/S; V/T/D.* NOTE: A Di pursuant to Section 119.07(k), Florida Stat the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with in Block 12, Block 13 if a change, or on an A signature placed on an attachment in lieu

We are a non-profit organization, but were sent this form by mistake. Enclosed is our check for $70.00 to cover filing fees for 1995.

Milka Lazic, President

unds through a United States Bank to Department of State.)

of business as previously reported to our office. The name

nat was previously reported, in Block 2.

A Post Office Box is acceptable.

riate box. If "applied for" is preprinted in Block 4, you must

BOX in Block 5 and include an additional $8.75 with your filing

financing of political campaigns for the offices of the Governor

00-352-3671.

ter entry in Block 9 is incorrect, enter the correct information

lox or mail service is NOT acceptable for service of process.

of these obligations and this appointment by completing and agent is a different corporation, the person signing must state m.

marks in block 12, corrections or additions are to be made in

or printed and legible. Use the following type symbols on the *g Director. If a person holds more than one position, enter all* R OLDER. NOTE: If officer or director's address is confidential must list street addresses. If there is no street address, enter

ecretary, Treasurer or Director of the Corporation that is listed nds of a receiver, it must be signed by the trustee or receiver.

Send only 1995 Preprinted Annual Rep with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

nd correspondence to this address:

tion
lions
7
32314

prnight Delivery):

reet
32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.