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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000846

1. Corporation Name

**SISTERHOOD ST. PETKA OF ST. SAVA SERBIAN ORTHODO
X CHURCH INCORPORATED**

Principal Place of Business

P.O. BOX 7914
NORTH PORT FL 34287

Mailing Address

P.O. BOX 7914
NORTH PORT FL 34287



2. Principal Place of Business

21 **8065 PRICE BLVD**

Suite, Apt. #, etc.

22 **NORTH PORT, FLORIDA**

City & State

23 **34287**

Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/17/1993

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

**VLAHOVIC, DRAGICA
337 SANTURCE AVE.
NORTH PORT FL 34287**

10. Name and Address of New Registered Agent

81 Name **V. REV. FR. Z. GVOZDANOVIC**

82 Street Address (P.O. Box Number is Not Acceptable)
3266 ALBENGA LN

83

84 City **NORTH PORT**

FL

85 Zip Code
34286

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **V. Rev. Fr. Z. Gvozdanovic**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **VLAHOIC, DRAGICA**
STREET ADDRESS **337 SANTURCE AVE.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DVP** ☒ DELETE
NAME **MIHAJLOVIC, SAVKA**
STREET ADDRESS **1312 GISELA AVE.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DS** ☒ DELETE
NAME **MILIC, LANA**
STREET ADDRESS **1800 LOGSTON ST.**
CITY-ST-ZIP **NORTH PORT FL**

TITLE **DT** ☒ DELETE
NAME **KOMAZEC, SLAVICA**
STREET ADDRESS **3859 MAGARA TERRACE**
CITY-ST-ZIP **NORTH PORT FL 34289**

TITLE **T** ☒ DELETE
NAME **LUCIC, VERA**
STREET ADDRESS **8464 CRISTOBAL AVE.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **T** ☒ DELETE
NAME **MILICEVIC, MILEVA**
STREET ADDRESS **3444 SHAWN STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP SMILJA TOWE** ☒ Change ☐ Addition
1.2 NAME **225 SAN CARLOS**
1.3 STREET ADDRESS **WARM MINERAL SPRINGS, FL**
1.4 CITY-ST-ZIP **34287**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **NATALIE SRECKOVICH**
2.3 STREET ADDRESS **8787 AGRESS**
2.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **DANKA NINCEVIC**
3.3 STREET ADDRESS **8684 TRIONFO AVE**
3.4 CITY-ST-ZIP

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **NANCY ROKNICH**
4.3 STREET ADDRESS **2700 N. BEACH RD E-205**
4.4 CITY-ST-ZIP **ENBLEWOOD, FL. 34228**

5.1 TITLE **T** ☒ Change ☐ Addition
5.2 NAME **MILEVA MILICEVIC**
5.3 STREET ADDRESS **3444 SHAWN ST.**
5.4 CITY-ST-ZIP **PT. CHARLOTTE, FL 33980**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

Signature Required

3-1-99 941-4752429

CR2E037 (11/98)