

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P37448**

**(8)**

1. Corporation Name

**VOICE OF HOPE INCORPORATED**



Principal Place of Business

**40748 COVGARS COVE  
LEESBURG FL 34788**

Mailing Address

**40748 COVGARS COVE  
LEESBURG FL 34788**

3. Date Incorporated or Qualified  
**02/11/1992**

3a. Date of Last Report  
**11/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3335463**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIVIC, DANIEL D  
40748 COVGARS COVE  
LEESBURG FL 34788**

81 Name

**DR. DANIEL D. CIVIC, M.D., M.S.T., T.D.**

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

**17748 S.E. 237 COURT**

83

84 City

**UMATILLA**

**FL**

85 Zip Code  
**32784**

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

*[Signature]*

**DR. DANIEL D. CIVIC, M.D., M.S.T., T.D.**

**4/22/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **CIVIC, DANIEL**  
STREET ADDRESS **40748 COVGARS COVE**  
CITY - ST - ZIP **LEESBURG FL 34788**

TITLE **T** ☐ DELETE  
NAME **REPNIK, PAVEL**  
STREET ADDRESS **GRABLOVICEVA 28**  
CITY - ST - ZIP **LJUBLJANA SL**

TITLE **T** ☐ DELETE  
NAME **PARK, SOO W**  
STREET ADDRESS **NEW LIFE RETREAT P.O. BOX 342**  
CITY - ST - ZIP **GRAGSMOOR FL 12420**

TITLE **T** ☐ DELETE  
NAME **IRINA, IGNATOVN**  
STREET ADDRESS **VL NOVOGIREVSKY 41-49**  
CITY - ST - ZIP **MOSCOW RV**

TITLE **T** ☒ DELETE  
NAME **CIVIC, MIRJANA B**  
STREET ADDRESS **17-25 MADISON ST**  
CITY - ST - ZIP **RDGEWOOD NY**

TITLE **T** ☐ DELETE  
NAME **REPNIK, MIRVANA**  
STREET ADDRESS **GRABLOVICEVA**  
CITY - ST - ZIP **LJUBLJANA SL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C. M.D., M.S.T., T.D.** ☒ Change ☐ Addition  
1.2 NAME **DR. DANIEL CIVIC**  
1.3 STREET ADDRESS **17748 S.E. 237 COURT**  
1.4 CITY - ST - ZIP **UMATILLA, FL. 32784**

2.1 TITLE **T** ☐ Change ☒ Addition  
2.2 NAME **TIMOTHY CIVIC**  
2.3 STREET ADDRESS **17748 S.E. 237 COURT**  
2.4 CITY - ST - ZIP **UMATILLA, FL. 32784**

3.1 TITLE **T** ☐ Change ☒ Addition  
3.2 NAME **JONATHAN CIVIC**  
3.3 STREET ADDRESS **17748 S.E. 237 COURT**  
3.4 CITY - ST - ZIP **UMATILLA, FL. 32784**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE **S.T.** ☐ Change ☒ Addition  
5.2 NAME **SUSAN CIVIC**  
5.3 STREET ADDRESS **17748 S.E. 237 COURT**  
5.4 CITY - ST - ZIP **UMATILLA, FL. 32784**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 as an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DR. DANIEL D. CIVIC,**

**4/22/96**

**(904) 664-1150**

Date

Telephone Phone #

CR2E037 (12/95)