

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703969 (6)			
1. Corporation Name CZECHOSLOVAK AMERICAN SOCIETY OF ST. PETERSBURG, INC.			
Principal Place of Business SBURG, INC. 1601 49TH STREET SOUTH GULFPORT FL 33707		Mailing Address SBURG, INC. 1601 49TH STREET SOUTH GULFPORT FL 33707-4340	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
3. Date Incorporated or Qualified 05/01/1962		3a. Date of Last Report 08/12/1996	
4. FEI Number 59-1026505		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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent MORAVEC, CHAS J 1406 NORMANDY PK DR. #1 CLEARWATER FL 34616		10. Name and Address of New Registered Agent 81 Name Mildred HORAK 82 Street Address (P.O. Box Number is Not Acceptable) 1601-49th Street South 83 84 City Gulfport FL 85 Zip Code 33707	
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: Mildred Horak <i>Mildred Horak</i> Mar 29 1997 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 P NAME PODLENA, FRANCIS STREET ADDRESS 9897 48TH AVE. N CITY-ST-ZIP ST. PETE FL 33708	☒ DELETE	1.1 TITLE PRESIDENT 1.2 NAME HEINZ, EMIL 1.3 STREET ADDRESS 1408 WILLIAMS RD. 1.4 CITY-ST-ZIP PLANT CITY 33565	☒ Change ☐ Addition
TITLE V NAME MULLER, EDWIN STREET ADDRESS 3997 40TH WAY S. CITY-ST-ZIP ST. PETERSBURG FL	☒ DELETE	2.1 TITLE V.P. President 2.2 NAME FREDRICH, GEO JIMIK 2.3 STREET ADDRESS 3623 Belle Vista Dr E. 2.4 CITY-ST-ZIP St. Pete Beach, FL 32706	☒ Change ☐ Addition
TITLE S NAME HORAK, MILDRED STREET ADDRESS 1408 WILLIAMS RD. CITY-ST-ZIP PLANT CITY FL 33565	☒ DELETE	3.1 TITLE FIN-SEC 3.2 NAME CERGAL, MARY 3.3 STREET ADDRESS 2287 PHILIPPINE DR #43 3.4 CITY-ST-ZIP CLEARWATER FL 34623	☒ Change ☐ Addition
TITLE TD NAME MORAVEC, CHARLES STREET ADDRESS 1406 NORMANDY PK., DR #1 CITY-ST-ZIP CLEARWATER FL	☐ DELETE	4.1 TITLE D 4.2 NAME LOMICKA, GLORIA 4.3 STREET ADDRESS 6501-29 ST. No. 4.4 CITY-ST-ZIP St. Pete., FL 33714	☒ Change ☐ Addition
TITLE SD NAME MORAVEC, MARY STREET ADDRESS 1406 NORMANDY PK., DR CITY-ST-ZIP CLEARWATER FL	☒ DELETE	5.1 TITLE D 5.2 NAME DIRECTOR 5.3 STREET ADDRESS Moravec Mary 5.4 CITY-ST-ZIP 1406 Normandy PK DR. CLEARWATER FL	☒ Change ☐ Addition
TITLE D NAME HEINZ, EMIL STREET ADDRESS 1408 WILLIAMS RD. CITY-ST-ZIP PLANT CITY FL 33565	☒ DELETE	6.1 TITLE D 6.2 NAME 6.3 STREET ADDRESS Helen R. B. Govich 6.4 CITY-ST-ZIP 8468-29th St. No. Normandy Dr	☒ Change ☐ Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Charles Moravec</i> CHAS MORAVEC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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CR2E037 (9/96)

File 442-4820
Daytime Phone 4050448