

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765490

**Entity Name:** THE BISHOP KARDAS MEMORIAL HOME, INC.

**Current Principal Place of Business:**

5401 S.W. 64TH AVENUE #19  
DAVIE, FL 33314

**Current Mailing Address:**

NATHALIE RUMOWICZ  
725 SOUTH 12TH AVE  
HOLLYWOOD, FL 33019 US

**FEI Number:** 59-2349228

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUMOWICZ, NATHALIE  
725 S 12TH AVE  
HOLLYWOOD, FL 33019 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NATHALIE RUMOWICZ

03/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MOST REV. ANTHONY A. MIKOVSKY  
Address OFFICE OF THE PRIME BISHOP  
NATIONAL CHURCH CENTER  
1006 PITTSTON AVE.  
City-State-Zip: SCRANTON PA 18505-4109

Title DIRECTOR AT LARGE  
Name ANNA DAN  
Address 2834 LINCOLN ST  
City-State-Zip: HOLLYWOOD FL 33020

Title SD  
Name ROBERT R. MAYCAN  
Address 920 N. NORTHWEST HIGHWAY  
City-State-Zip: PARK RIDGE IL 60068

Title SECRETARY & TREASURER  
Name RUMOWICZ, NATHALIE GILLIS  
Address NATHALIE RUMOWICZ  
725 S. 12TH AVE.  
City-State-Zip: HOLLYWOOD FL 33019

Title CFO  
Name SMOLKA, PHILIP MR.  
Address 425 S. CHURCH ROAD  
City-State-Zip: BENSENVILLE IL 60106

Title VP  
Name RAFALKO, JAROSLAW RIGHT  
REVEREND  
Address 920 NORTHWEST HIGHWAY  
City-State-Zip: PARK RIDGE IL 60068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATHALIE RUMOWICZ

REGISTERED AGENT

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date