

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011334

Entity Name: THE HAJEK FAMILY FOUNDATION, INC.**Current Principal Place of Business:**5308 CENTRAL AVENUE
ST PETERSBURG, FL 33707**Current Mailing Address:**5308 CENTRAL AVENUE
ST PETERSBURG, FL 33707**FEI Number: 46-1475559****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAJEK, MICHAEL III
5308 CENTRAL AVENUE
ST PETERSBURG, FL 33707 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title D
Name HAJEK, MICHAEL III
Address 5308 CENTRAL AVENUE
City-State-Zip: ST PETERSBURG FL 33707

Title D
Name HAJEK, MICHAEL W IV
Address 5308 CENTRAL AVE
City-State-Zip: ST PETERSBURG FL 33707

Title DIRECTOR
Name ROBINSON, MARK
Address 363 PINELLAS BAYWAY S
46
City-State-Zip: ST PETERSBURG FL 33715

Title D
Name HAJEK, MATTHEW L
Address 5308 CENTRAL AVENUE
City-State-Zip: ST PETERSBURG FL 33707

Title D
Name HAJEK, KAREN
Address 5308 CENTRAL AVENUE
City-State-Zip: ST PETERSBURG FL 33707

Title DIRECTOR
Name ROBINSON, PATTY
Address 363 PINELLAS BAYWAY S
46
City-State-Zip: ST PETERSBURG FL 33715

Title D
Name HAJEK, MARK A
Address 5308 CENTRAL AVENUE
City-State-Zip: ST PETERSBURG FL 33707

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: KAREN E HAJEK**D****02/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date