

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90041 007 ****61.25

DOCUMENT # 701500
 1. Entity Name
HUNGARIAN CHRISTIAN CHURCH OF ST. PETERSBURG, INC.



Principal Place of Business: **303 8TH AVENUE NORTH SAFETY HARBOR FL 34695**
 Mailing Address: **303 8TH AVENUE NORTH SAFETY HARBOR FL 34695**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **05-0080015** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAVASI, JOSEPH
7011 WESTMINISTER ST
TAMPA FL 33635

Name: **Havasi, Joseph**
 Street Address (P.O. Box Number is Not Acceptable): **1040 Main St # 186**
 City: **Dunedin**
 State: **FL** Zip Code: **34698**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAVASI, JOSEPH	
STREET ADDRESS	1040 MAIN ST #186	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SABO, ALEX	
STREET ADDRESS	9130 STAR TRAIL	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAGY, FRANK	
STREET ADDRESS	2275 ALDEN LANE UNIT D	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZIKSZAY, ALEX	
STREET ADDRESS	1544 COCKLESHELL DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KARAZZI, SANDOR	
STREET ADDRESS	2104 BECKETT LAKE DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	S	<input type="checkbox"/> Delete
NAME	KARAZZI, JUDITH	
STREET ADDRESS	2104 BECKETT LAKE DR	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARASZI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARASZI	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Treasurer* **March 15, 05 727-443-4825**