


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90005 030 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAVASI, JOSEPH 1040 MAIN ST #186 DUNEDIN, FL 34698		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAVASI, JOSEPH 1040 MAIN ST #186 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABO, ALEX 9130 STAR TRAIL NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, FRANK 2275 ALDEN LANE UNIT D PALM HARBOR, FL 34683 <input type="checkbox"/> Delete <i>Passed away -></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>D Stephan Lenkei 1807 mapleleaf Blvd. Oldsmar, FL 34677</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZIKSZAY, ALEX 1544 COCKLESHELL DR. HOLIDAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARASZI, SANDOR 2104 BECKETT LAKE DR CLEARWATER, FL 33763 <input type="checkbox"/> Delete <i>No longer available -></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vp President Alex SABO 9130 star Tr. New Port Richey, Florida 34654</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORASZI, JUDITH 2104 BECKETT LAKE DR CLEARWATER, FL 33763 <input type="checkbox"/> Delete <i>no longer available -></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary Goldie Sabo 9130 Star Tr. New Port Richey, Florida 34654</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.			
SIGNATURE: <i>Alex Sabo</i> ALEX SABO		Date: 2-25-06 Daytime Phone #: 727-443-4825	