

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # 701500		<small>1. Entity Name</small>	
HUNGARIAN CHRISTIAN CHURCH OF ST. PETERSBURG, INC.			
<small>Principal Place of Business</small> 303 8TH AVENUE NORTH SAFETY HARBOR FL 34695		<small>Mailing Address</small> 303 8TH AVENUE NORTH SAFETY HARBOR FL 34695	
<small>2. Principal Place of Business - No P.O. Box #</small>		<small>3. Mailing Address</small>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 05-0080015	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

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

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small>	PD HAVASI, JOSEPH 1040 MAIN ST #186 DUNEDIN FL 34698	<input type="checkbox"/> Delete	<small>TITLE</small> NAME STREET ADDRESS CITY-STATE-ZIP
<small>TITLE</small>	TD SABO, ALEX 9130 STAR TRAIL NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small>	D LENKEI, STEPHON 1807 MAPLELEAF BLVD OLDSMAR FL 34677	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small>	D SZIKSZAY, ALEX 1544 COCKLESHELL DR. HOLIDAY FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small>	VP SABO, ALEX 9130 STAR TR NEW PORT RICHEY FL 34054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small>	S SABO, GOLDIE 9130 STAR TR NEW PORT RICHEY FL 34054	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Alex Sabo Jan. 19, 2007