

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

000139406480
12/31/08--01077--006 **61.25

FILED

08 DEC 31 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/31/08--01077--006 **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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



12292008 REIN-NP CR2E099 (1/07)

| | | | |
|--|--|--|--|
| 4. FEI Number 05-0080015 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent HAVASI, JOSEPH 1040 MAIN ST #186 DUNEDIN, FL 34698 | | 7. Name and Address of New Registered Agent Name SANDOR KARASZI Street Address (P.O. Box Number is Not Acceptable) 2104. BECKETT LAKE DR City CLEARWATER FL Zip Code 33763 | |
|---|--|--|--|

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 Sandor Karaszi SANDOR KARASZI 12/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------|--|--|---|--------------------------|--|-----------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Delete | | TITLE | P. D. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HAVASI, JOSEPH | | | NAME | SANDOR KARASZI | | |
| STREET ADDRESS | 1040 MAIN ST #186 | | | STREET ADDRESS | 2104. Beckett Lake Dr. | | |
| CITY-ST-ZIP | DUNEDIN, FL 34698 | | | CITY-ST-ZIP | Clearwater, FL 33763 | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | | TITLE | V. P. D. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SABO, ALEX | | | NAME | ANNA MITRU | | |
| STREET ADDRESS | 9130 STAR TRAIL | | | STREET ADDRESS | 3448 100th. ave | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | | | CITY-ST-ZIP | Pinellas Park FL 33782 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LENKEI, STEPHON | | | NAME | ISTVAN SKOLIK | | |
| STREET ADDRESS | 1807 MAPLELEAF BLVD | | | STREET ADDRESS | 4109 Savagu Station chl. | | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | | | CITY-ST-ZIP | Newport Richey FL 34653 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | T. D. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SZIKSZAY, ALEX | | | NAME | Barbala Reday | | |
| STREET ADDRESS | 1544 COCKLESHELL DR. | | | STREET ADDRESS | 4301 Westwood Dr. | | |
| CITY-ST-ZIP | HOLIDAY, FL | | | CITY-ST-ZIP | Holiday FL 34691 | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | D. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SABO, ALEX | | | NAME | Judit Vadiuskó | | |
| STREET ADDRESS | 9130 STAR TR | | | STREET ADDRESS | 2104. Beckett Lake Dr. | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34054 | | | CITY-ST-ZIP | Clearwater FL 33763 | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SABO, GOLDIE | | | NAME | | | |
| STREET ADDRESS | 9130 STAR TR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34054 | | | CITY-ST-ZIP | | | |

RH REINSTATEMENT

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 all other like empowered.

SIGNATURE: Judit Vadiuskó Judit Vadiuskó 12-29-08 727.442.9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #