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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703969 (6)

1. Corporation Name

CZECHOSLOVAK AMERICAN SOCIETY OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

SBURG. INC.
1601 49TH STREET SOUTH
GULFPORT FL 33707

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1601 49TH STREET SOUTH
GULFPORT FL 33707

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1962

4. FEI Number

59-1026505

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEINZ, EMIL	
STREET ADDRESS	1408 WILLIAMS RD.	
CITY-ST-ZIP	PLANT CITY FL 33585	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	JIRIK, Friedrich	
STREET ADDRESS	3623 BELLE VISTA DR. E.	
CITY-ST-ZIP	ST. PETE BEACH FL 33708	

TITLE	FS	<input type="checkbox"/> DELETE
NAME	CERGAL, MARY	
STREET ADDRESS	2287 PHILIPPINE DR. #43	
CITY-ST-ZIP	CLEARWATER FL 34623	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMICKA, GLORIA	
STREET ADDRESS	5501-29 ST. NO.	
CITY-ST-ZIP	ST. PETE. FL 33714	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORAVEC, MARY	
STREET ADDRESS	1406 NORMANDY PK DR.	Deceased
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOZOVICH, HELEN R	
STREET ADDRESS	8488 RANGE ST. NO	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Vlasta Kazda	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6173 - 19 Street North	
1.3 STREET ADDRESS	Zephyrhills Fl. 33540	
1.4 CITY-ST-ZIP		

2.1 TITLE	Quina Friedrich	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3623 Belle Vista Dr E.	
2.3 STREET ADDRESS	St. Pete Beach Fl. 33706	
2.4 CITY-ST-ZIP		

3.1 TITLE	D Margaret Hayen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	10398 - 104th Ave No.	
3.3 STREET ADDRESS	Seminole, Fl. 34642	
3.4 CITY-ST-ZIP		

4.1 TITLE	D John Hayen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	10398 - 104th Ave No.	
4.3 STREET ADDRESS	Seminole Fl. 34642	
4.4 CITY-ST-ZIP		

5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALICE KUGLER	
5.3 STREET ADDRESS	2287 PHILIPPINE DR #45	
5.4 CITY-ST-ZIP	CLEARWATER FL 33763	

6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MILDRED HORAK	
6.3 STREET ADDRESS	1408 WILLIAMS RD	
6.4 CITY-ST-ZIP	PLANT CITY FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Emil Heinz

2-1-98

CP2E037 (10/97)