

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90027 044 ****61.25

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DOCUMENT # 703969

1. Corporation Name

**CZECHOSLOVAK CULTURAL CENTER OF ST PETERSBURG FL
ORIDA INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

HORAK, MILDRED
1601-49TH STREET SOUTH
GULFPORT FL 33707

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 ☐ DELETE

NAME
HEINZ, EMIL
STREET ADDRESS
1408 WILLIAMS RD.
CITY-ST-ZIP
PLANT CITY FL 33565

TITLE ☒ DELETE

NAME
JIRIK, FREDRICK
STREET ADDRESS
3623 BELLE VISTA DR. E.
CITY-ST-ZIP
ST. PETE BEACH FL 33706

TITLE ☐ DELETE

NAME
CERGA, MARY
STREET ADDRESS
2287 PHILIPPINE DR. #43
CITY-ST-ZIP
CLEARWATER FL 34623

TITLE ☐ DELETE

NAME
LOMICKA, GLORIA
STREET ADDRESS
5501-29 ST. NO.
CITY-ST-ZIP
ST. PETE. FL 33714

TITLE ☐ DELETE

NAME
KUGLER, ALICE
STREET ADDRESS
2287 PHILIPPINE DR. #45
CITY-ST-ZIP
CLEARWATER FL 33763

TITLE ☐ DELETE

NAME
BOZOVICH, HELEN R
STREET ADDRESS
8468 RANGE ST. NO
CITY-ST-ZIP
SEMINOLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Pres. **SEAN R. HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31-99

Date

813-752-0448

Daytime Phone #

CR2E037 (11/98)