


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

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90182 043 \*\*\*\*61.25

<b>DOCUMENT # 703969</b> 1. Entity Name <b>CZECHOSLOVAK CULTURAL CENTER OF ST PETERSBURG FLORIDA INC.</b>					
Principal Place of Business <b>SBURG, INC. 1601 49TH STREET SOUTH SAINT PETERSBURG FL 33707</b>				Mailing Address <b>SBURG, INC. 1601 49TH STREET SOUTH SAINT PETERSBURG FL 33707</b>	
2. Principal Place of Business - No P.O. Box # <b>1601 49th Street South</b>		3. Mailing Address <b>1601 49th Street South</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Gulfport, FL</b>		City & State <b>Gulfport, FL</b>		4. FEI Number <b>59-1026505</b>	
Zip <b>33707</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PODLIEMA, PRES. FRANCES 8333 SEMINOLE BLVD SEMINOLE FL 33772</b>		7. Name and Address of New Registered Agent Name <b>Ladislav Urban</b> Street Address (P.O. Box Number is Not Acceptable) <b>5440 Magnolia Trail</b> City <b>Pinellas Park</b> <b>FL</b> Zip Code <b>33782</b>			
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 <u>Ladislav Urban, President</u> <i>X</i> <i>Ladislav Urban</i> <b>4-10-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PODLIEMA, FRANCES</b> <b>9897 48TH AVE N.</b> <b>SAINT PETERSBURG FL 33708</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ladislav Urban</b> <b>5440 Magnolia Trail</b> <b>Pinellas Park, FL 33782</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP.</b> <input checked="" type="checkbox"/> Delete <b>UNBONEK, JAROSLOV</b> <b>243 WILLOW AVE PO BOX 1857</b> <b>ANNA MARIA FL 34216</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jirik Friedrich</b> <b>5372 Acacia Trail</b> <b>Pinellas Park, FL 33782</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>F</b> <input type="checkbox"/> Delete <b>HOWE, THERESA</b> <b>5297 81ST LANE N. APT 14</b> <b>SAINT PETERSBURG FL 33709</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>VEBROUSC, ELLA</b> <b>333 GRANITE BLVD 217C</b> <b>SEMINOLE FL 33773</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Olga Vaters</b> <b>2286 Grovewood Rd.,</b> <b>Clearwater, FL 33764</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RS</b> <input type="checkbox"/> Delete <b>HORAK, MILDRED</b> <b>1408 WILLIAMS RD</b> <b>PLANT CITY FL 33565</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
<b>SIGNATURE: Ladislav Urban</b> <i>Ladislav Urban</i> <b>4-10-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					