

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703969

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** CZECHOSLOVAK CULTURAL CENTER OF ST PETERSBURG FLORIDA INC.

**Current Principal Place of Business:**

1601 49TH STREET SOUTH  
SAINT PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1601 49TH STREET SOUTH  
SAINT PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 59-1026505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LADISLAV, URBAN  
7944 ROYAL STEWART DR  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LADISLAV, URBAN  
Address: 7944 ROYAL STEWART DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T  
Name: WILLIAMSON, BERRY  
Address: 3127 7TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: S  
Name: DAMKOEHLER, ANNA  
Address: 5950 PELICAN BAY PLAZA S. #406  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LADISLAV URBAN

P

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date