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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 719701**

1. Corporation Name

**SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE OR  
GANIZATION, INCORPORATED**

Principal Place of Business

13325 ARCH CREEK RD  
N. MIAMI FL 33181  
US

Mailing Address

1225 NE 124TH ST.  
STE 20C  
N. MIAMI FL 33161  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

2036 SHARON ST.

BOCA RATON, FL

33486 USA

3. Date Incorporated or Qualified

11/17/1970

4. FEI Number

59-6507340

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

RUZICKA, EMILIE  
1225 NE 124TH ST., APT. 20  
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name LILLIAN B. STURDIK

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

2036 SHARON ST.

83

84 City BOCA RATON FL 85 Zip Code 33486

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 LILLIAN B. STURDIK T/D. Lillian B. Sturdik July 26, 1999  
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 ☐ DELETE  
NAME RUZICKA, EMILIE M.  
STREET ADDRESS 1225 NE 124TH ST APT 20C  
CITY-ST-ZIP N. MIAMI FL

TITLE S ☐ DELETE  
NAME ZRALY, BLANCHE  
STREET ADDRESS 532 BRIARWOOD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE  
NAME STURDIK, LILLIAN B  
STREET ADDRESS 2036 SHARON ST  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE  
NAME HERTL, JOHN  
STREET ADDRESS 1629 W 62ND ST  
CITY-ST-ZIP HIALEAH FL

TITLE T ☐ DELETE  
NAME THOMPSON, JITKA  
STREET ADDRESS 1401 NE 191 ST #201  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME SZITA, BLANCH  
STREET ADDRESS 20100 W. COUNTRY CLUB DR. #204  
CITY-ST-ZIP AVENTURA 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: LILLIAN B. STURDIK T/D. Lillian B. Sturdik 7/26/99 (561) 368-7547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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