FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723695

1. Corporation Name

MAGYAR PRESBYTERIAN CHURCH, INC.

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90091 018 ****61.25

Prin					
Principal Place of Business Mailing Address					
1703 SYLVESTER ROAD LAKELAND FL 33803-3541 US 1703 SYLVESTER ROAD LAKELAND FL 33803-9541 US					
	Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26	· · · · · · · · · · · · · · · · ·	06/16/1972	The same of Fee
\$	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2255629	Not Applicable
23	City & State	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
-	Zip Country	zip 29 33803-3501 [30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Curr		<u>*</u>	10. Name and Address of New Registere	d Agent
			81 Name		-
KIRALY, ZOLTAN REV. 1703 SYLVESTER ROAD LAKELAND FL 33803-0541			82 Street A		
			84 City	F	85 Zip Code
11.	Pursuant to the provisions of Sections 617.0	E02 and 617 1509 Florida Statutes	the shove-named o	compration submits this statement for the numose of	of abouting its registered
ļ	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Florida. Such change was auth	honzed by the corpo	ration's board of directors. I hereby accept the app	ointment as registered
ļ	office or registered agent, or both, in the Sta	te of Florida. Such change was autr gations of, Section 617.0503, Florid	honzed by the corpo	ration's board of directors. I nereby accept the appropriate when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
ļ	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli SNATURE Signature, typed or printed name of registered a	te of Florida. Such change was autr gations of, Section 617.0503, Florid	horized by the corpo la Statutes.	ration's board of directors. I nereby accept the app	· · · · · · · · · · · · · · · · · · ·
SIG	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli GNATURE Signature, typed or printed name of registered a	te of Florida. Such change was auth gations of, Section 617.0503, Florid agent and title if applicable. (NOTE: Ro	horized by the corpo la Statutes. Tegistered Agent signature re	ration's board of directors. I nereby accept the appropriate when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
SIG	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obliganture Signature, typed or printed name of registered agent	te of Florida. Such change was auth gations of, Section 617.0503, Florid agent and title if applicable. (NOTE: Ri	nonzed by the corpo la Statutes. egistered Agent signature re	ration's board of directors. I nereby accept the appropriate when reinstating) DATE	AND DIRECTORS IN 12
SIG 12. TITLE NAME	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obliganture. Signature, typed or printed name of registered at OFFICERS. FEJES, ELIZABETH	te of Florida. Such change was auth gations of, Section 617.0503, Florid agent and title if applicable. (NOTE: Ri	egistered Agent signature re	ration's board of directors. I nereby accept the appropriate when reinstating) DATE	AND DIRECTORS IN 12
SIG 12. TITLE NAME STRE	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obliganture. Signature, typed or printed name of registered at OFFICERS. FEJES, ELIZABETH EET ADDRESS 1408 GRAND CAYMAN	te of Florida. Such change was auth gations of, Section 617.0503, Florid agent and title if applicable. (NOTE: Ri	legistered Agent signature re 13. 1.1 TITLE 1.2 NAME	ration's board of directors. I nereby accept the appropriate when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
SIG 12. TITLE NAME STRE	office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obligant of the state of the sta	te of Florida. Such change was auth gations of, Section 617.0503, Florid agent and title if applicable. (NOTE: Ri	la Statutes. legistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ration's board of directors. I needby accept the appropriate when reinstating) DATE	AND DIRECTORS IN 12
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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 limb empowered.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRES

STREET ADDRES

CITY-\$T-ZIP

CITY-ST-ZIP

FEJES, JOSEPH

1408 GRAND CAYMAN

<u>winter haven fl</u>

HAGGERTY, BETTY

LAKELAND FL...

1610 REYNOLDS RD #345

Treasurer

☐ DELETE

☐ DELETE

☐ DELETE

☐ Change

☐ Change

Change

Addition

Addition

☐ Addition