

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90038 015 \*\*\*\*61.25

**DOCUMENT # 729299**

1. Entity Name

HUNGARIAN SOCIAL CLUB, INC.



Principal Place of Business

7687 117TH ST. N.  
SEMINOLE FL 33772

Mailing Address

7687 117TH ST. N.  
SEMINOLE FL 33772

2. Principal Place of Business

4135 PARK ST N  
Suite, Apt. #, etc.  
LOT 436

3. Mailing Address

4135 PARK ST N  
Suite, Apt. #, etc.  
LOT 436

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33709

Country

PINELLAS

Zip

33709

Country

PINELLAS

4. FEI Number

59-2590536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISCOTTO, ELIZABETH M  
7687 117TH ST. N.  
LOT 436  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

PEGGY KEICHER

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

4135 PARK ST N #436

City

ST PETERSBURG FL 33709

FL

Zip Code

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

PEGGY KEICHER

Signature, typed or printed name of registered agent and title if applicable

PEGGY KEICHER

(NOTE: Registered Agent signature required when reinstating)

3-15-05

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOOS, IMRE	
STREET ADDRESS	9370 44TH ST. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SZARAZ, TAMAS	
STREET ADDRESS	11300 124TH AVE. N #166	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FEKETE, JULIUS	
STREET ADDRESS	220 BELLEAIR BLVD., #701	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BISCOTTO, ELIZABETH	
STREET ADDRESS	7687 117TH ST. N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BORBAS, EMESE	
STREET ADDRESS	5537 SEA FOREST DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKEI STEFAN	
STREET ADDRESS	1507 MAPLELEAF BLVD	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY KEICHER	
STREET ADDRESS	4135 PARK ST N #436	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDIT VADACSKO	
STREET ADDRESS	2104 BECKETT LAKE DR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

PEGGY KEICHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

541-3401

Daytime Phone #