FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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*SECRETARY OF STATE
*DIVISION OF CORPORATIONS
95 FEB -9 AM 11:29

DOCUMENT # 730926 (3)

1. Corporation Name

BETHESDA HOME OF THE AMERICAN HUNGARIAN-BAPTIST UNION OF AMERICA

Principal Place of Business	Mailing Address
% ERNEST KISH 2900 FORDHAM RD NE PALM BAY FLORIDA 32905	% ERNEST KISH 2900 FORDHAM RD NE PALM BAY FLORIDA 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1974
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-0865132 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KISH, ERNEST
1173 SCYPHERS ST. NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	GANCSOS, GEORGE	1.2 NAME	
STREET ADDRESS	465 HARMAN ST. 3R	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DRESCHER, LOUIS	2.2 NAME	
STREET ADDRESS	2636 EAST 124TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NAGY, SANDOR	3.2 NAME	
STREET ADDRESS	8902 PLEASANT VALLEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA OH	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	KISH, ELMER	4.2 NAME	
STREET ADDRESS	924 CONGRESS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	PANTA, STEVE JR.	5.2 NAME	
STREET ADDRESS	3838 TUKKUCYN ST. S18C	5.3 STREET ADDRESS	
CITY-ST-ZIP	KELOWNA, BC CANADA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HALASZ, LASZLO	6.2 NAME	
STREET ADDRESS	2915 ROSELLE AVE., #1	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2/3/95 216 231-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOUIS DRESCHER

0035378