

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:02

DOCUMENT # 743530 (8)

1. Corporation Name

CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1978

3a. Date of Last Report
05/01/1994

4. FEI Number
NOT APPLICABLE

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

Principal Place of Business

Mailing Address

**546 RUTH STREET
PORT ORANGE FL 32127
US**

**546 RUTH STREET
PORT ORANGE FL 32127
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORVATH, MICHAEL J DR.
546 RUTH ST
PORT ORANGE FL 32127**

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

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	VARKONYI, ROBERT
STREET ADDRESS	715 ALBA DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	PAZMADY-HORVATH, MARGARE
STREET ADDRESS	546 RUTH ST.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	SD
NAME	HORVATH, MICHAEL J.
STREET ADDRESS	546 RUTH ST.
CITY - ST - ZIP	PORT ORANGE FL
TITLE	TD
NAME	GOMBOS, GEORGE
STREET ADDRESS	942 LANTERND
CITY - ST - ZIP	S. DAYTONA FL 32119
TITLE	D
NAME	KOPETTI, KALMAN
STREET ADDRESS	406 VENTURA DR.
CITY - ST - ZIP	SANFORD FL
TITLE	D
NAME	KOPETTI, ELIZABETH
STREET ADDRESS	406 VENTURA DR.
CITY - ST - ZIP	SANFORD FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

Michael J. Horvath

Secretary Dri April 13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. MICHAEL J. HORVATH