

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743530 (8)

1. Corporation Name

CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
07/11/1978

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Hidveghy, John
1.4 CITY-ST-ZIP	4425 S. Pleasant Hill Rd. Kissimmee, FL 34746
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D.
2.3 STREET ADDRESS	P. Mrs. Hidveghy
2.4 CITY-ST-ZIP	4425 S. Pleasant Hill Rd. Kissimmee, FL 34746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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* **H. J. HORVATH** Exec. Sec. 904-767-4292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)