

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743530** (8)
1. Corporation Name
CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.



Principal Place of Business 546 RUTH STREET PORT ORANGE FL 32127 US	Mailing Address 546 RUTH STREET PORT ORANGE FL 32127-4361 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/11/1978	3a. Date of Last Report 04/11/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HORVATH, MICHAEL J DR. 546 RUTH ST PORT ORANGE FL 32127	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARKONYI, ROBERT	1.2 NAME	
STREET ADDRESS	715 ALBA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZMADY-HORVATH, MARGARE	2.2 NAME	
STREET ADDRESS	546 RUTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, MICHAEL J.	3.2 NAME	
STREET ADDRESS	546 RUTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBOS, GEORGE	4.2 NAME	
STREET ADDRESS	942 LANTERND	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA FL 32119	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPETTI, KALMAN	5.2 NAME	
STREET ADDRESS	408 VENTURA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPETTI, ELIZABETH	6.2 NAME	
STREET ADDRESS	408 VENTURA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Dr. Michael J. Horvath** **April 18, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **0000575**

CR2E037 (9/96)