


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 07/11/1978
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 21 546 RUTH ST. Suite, Apt. #, etc. 22 PORT ORANGE FL. City & State 23 32127 Zip 24 US	2a. Mailing Address 26 546 RUTH ST. Suite, Apt. #, etc. 27 PORT ORANGE FL City & State 28 32127 Zip 29 US
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	10. Name and Address of New Registered Agent 81 Name DR. MICHAEL J HORVATH 82 Street Address (P.O. Box Number is Not Acceptable) 546 RUTH ST 83 PORT ORANGE FL. 84 City FL 85 Zip Code 32127
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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 **DR. HORVATH J. MICHAEL** **11/3/1998**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD VARKONYI, ROBERT	1.2 NAME	Mrs. BARBARA BLAIR
STREET ADDRESS	715 ALBA DR.	1.3 STREET ADDRESS	1209 OAK FOREST LN.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORMOND-BEACH, FL. 32174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD PAZMADY-HORVATH, MARGARE	2.2 NAME	KOSZAS IRE
STREET ADDRESS	546 RUTH ST.	2.3 STREET ADDRESS	846 STONY POINT DR.
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE FL. 32127
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD HORVATH, MICHAEL J.	3.2 NAME	KOSZAS ANNA
STREET ADDRESS	546 RUTH ST.	3.3 STREET ADDRESS	846 STONY POINT DR.
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE FL. 32127
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD GOMBOS, GEORGE	4.2 NAME	ALEXANDER PAPP
STREET ADDRESS	942 LANTERND	4.3 STREET ADDRESS	1162 SO. COOPER DR.
CITY-ST-ZIP	S. DAYTONA FL 32119	4.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KOPETTI, KALMAN	5.2 NAME	PAPP JUNE
STREET ADDRESS	406 VENTURA DR.	5.3 STREET ADDRESS	1162 SO. COOPER DR.
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KOPETTI, ELIZABETH	6.2 NAME	
STREET ADDRESS	406 VENTURA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	

14. 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 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 11/3/1998**

CR2E037 (10/97)