


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90270 029 ****70.00

DOCUMENT # 743530 1. Entity 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																																																																																															
2. Principal Place of Business			3. Mailing Address																																																																																															
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																															
City & State			City & State																																																																																															
Zip		Country		Zip																																																																																														
				Country																																																																																														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																														
HORVATH, MICHAEL J DR. 546 RUTH ST PORT ORANGE FL 32127				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code 32127 </div>																																																																																														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																														
		Make Check Payable to Florida Department of State																																																																																																
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>PD BARDOS, ANDREW</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>107 WINDWARD WAY</td> <td></td> </tr> <tr> <td></td> <td>INDIAN HARBOUR BEACH FL</td> <td></td> </tr> <tr> <td></td> <td>VD PAZMADY-HORVATH, MARGARE</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>546 RUTH ST.</td> <td></td> </tr> <tr> <td></td> <td>PORT ORANGE FL</td> <td></td> </tr> <tr> <td></td> <td>SD HORVATH, MICHAEL J.</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>546 RUTH ST.</td> <td></td> </tr> <tr> <td></td> <td>PORT ORANGE FL</td> <td></td> </tr> <tr> <td></td> <td>TD GOMBOS, GEORGE</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>942 LANTERND</td> <td></td> </tr> <tr> <td></td> <td>S. DAYTONA FL 32119</td> <td></td> </tr> <tr> <td></td> <td>D PAPP, ALEX</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>4 OCEAN W BLVD #2068</td> <td></td> </tr> <tr> <td></td> <td>DAYTONA BEACH SHORES FL 32118</td> <td></td> </tr> <tr> <td></td> <td>D IPOLYI, GEORGE</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>6 MONTAUK CT</td> <td></td> </tr> <tr> <td></td> <td>PALM COAST FL 32164</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>Board of Directors</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Albinka Szakacs Bodor</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>2359 N.W. 195 Ave.</td> <td></td> </tr> <tr> <td></td> <td>Pembroke Pines FL 33029</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		PD BARDOS, ANDREW	<input type="checkbox"/>		107 WINDWARD WAY			INDIAN HARBOUR BEACH FL			VD PAZMADY-HORVATH, MARGARE	<input type="checkbox"/>		546 RUTH ST.			PORT ORANGE FL			SD HORVATH, MICHAEL J.	<input type="checkbox"/>		546 RUTH ST.			PORT ORANGE FL			TD GOMBOS, GEORGE	<input type="checkbox"/>		942 LANTERND			S. DAYTONA FL 32119			D PAPP, ALEX	<input type="checkbox"/>		4 OCEAN W BLVD #2068			DAYTONA BEACH SHORES FL 32118			D IPOLYI, GEORGE	<input type="checkbox"/>		6 MONTAUK CT			PALM COAST FL 32164		TITLE	NAME	Delete		Board of Directors	<input type="checkbox"/>		Albinka Szakacs Bodor	<input checked="" type="checkbox"/>		2359 N.W. 195 Ave.			Pembroke Pines FL 33029				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																		
SIGNATURE: <u>Andrew Bardos, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/20/04 Daytime Phone #: 386-767-4292																																																																																														