


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90061 007 ****70.00

DOCUMENT # 743530
 1. Entity Name
CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.



Principal Place of Business Mailing Address
546 RUTH STREET **546 RUTH STREET**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

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
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BARDOS, ANDREW**
 STREET ADDRESS **107 WINDWARD WAY**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

TITLE **Dir.** Change Addition
 NAME **Albinka Szakacs Bodor**
 STREET ADDRESS **2359 N.W. 195th Ave.**
 CITY-ST-ZIP **Pembroke Pines, Fl. 32029**

TITLE **VD** Delete
 NAME **PAZMADY-HORVATH, MARGARE**
 STREET ADDRESS **546 RUTH ST.**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HORVATH, MICHAEL J.**
 STREET ADDRESS **546 RUTH ST.**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GOMBOS, GEORGE**
 STREET ADDRESS **942 LANTERND**
 CITY-ST-ZIP **S. DAYTONA FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PAPP, ALEX**
 STREET ADDRESS **4 OCEAN W BLVD #2068**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **IPOLYI, GEORGE**
 STREET ADDRESS **6 MONTAUK CT**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Dr. MICHAEL J. Horvath *Michael J. Horvath* I/26, 2005, 386-767-4292
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #