

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 19, 2007 8:00 am
Secretary of State

05-09-2007 90096 004 ****61.25

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1st MOORE CR2E037 (10/06)

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 - No P.O. Box # 546 RUTH ST		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE FL		City & State	
Zip 32127	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HORVATH, MICHAEL J DR. 546 RUTH ST PORT ORANGE FL 32127		7. Name and Address of New Registered Agent 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 MICHAEL J HORVATH		DATE 6/14/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BARDOS, ANDREW	TITLE PD	NAME BARDOS, ANDREW
STREET ADDRESS 107 WINDWARD WAY	CITY-ST-ZIP INDIAN HARBOUR BEACH FL	STREET ADDRESS 305 JACKSON AVENUE	CITY-ST-ZIP SATELLITE BCH FL 32937
TITLE VD	NAME PAZMADY-HORVATH, MARGARE	TITLE 	NAME
STREET ADDRESS 546 RUTH ST.	CITY-ST-ZIP PORT ORANGE FL	STREET ADDRESS 	CITY-ST-ZIP
TITLE SD	NAME HORVATH, MICHAEL J.	TITLE 	NAME
STREET ADDRESS 546 RUTH ST.	CITY-ST-ZIP PORT ORANGE FL	STREET ADDRESS 	CITY-ST-ZIP
TITLE TD	NAME GOMBOS, GEORGE	TITLE 	NAME
STREET ADDRESS 942 LANTERN DR	CITY-ST-ZIP S. DAYTONA FL 32119	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME PAPP, ALEX	TITLE 	NAME
STREET ADDRESS 4 OCEAN W BLVD #2068	CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME IPOLYI, GEORGE	TITLE 	NAME
STREET ADDRESS 6 MONTAUK CT	CITY-ST-ZIP PALM COAST FL 32164	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Andrew Bardos - ANDREW BAROOS		DATE: 6/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	