

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004734

1. Entity Name
THE FIRST CATHOLIC SLOVAK LADIES ASSN OF THE
USA, INC.



FILED
05 NOV 21 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
24950 CHAGRIN BLVD. 24950 CHAGRIN BLVD.
BEACHWOOD, OH 44122-5634 BEACHWOOD, OH 44122-5634

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



REINSTATEMENT
2005 FILING CH2E098-6704 05

Zip Country Zip Country 4. FEI Number 34-0220540 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
FERGUSON, MUIR
460 HORIZON WEST
BOYNTON BEACH, FL 33435

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 *Muir Ferguson* MUIR FERGUSON
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANEK, MARY ANN SABOL		NAME		
STREET ADDRESS	1640 QUEEN ANNE'S GATE		STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE, OH 441455634		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAZIK, CAROLYN MARIE		NAME		
STREET ADDRESS	535 CENTRE AVE., #2		STREET ADDRESS		
CITY-ST-ZIP	READING, PA 19601		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROTEFF, IRENE JOAN		NAME		
STREET ADDRESS	17807 NOTTINGHAM RD.		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44119		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANOVEC, JOHN MARTIN JR.		NAME		
STREET ADDRESS	23511 CHAGRIN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD, OH 44122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSKO, JOSEPH R REV.		NAME		
STREET ADDRESS	HOLY TRINITY CHURCH, 529 GRANT AVE., EXT.		STREET ADDRESS		
CITY-ST-ZIP	WEST MIFFLIN, PA 15122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YURECHKO, ELIZABETH ANN		NAME		
STREET ADDRESS	10101 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	CROWN POINT, IN, 46410		CITY-ST-ZIP		

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11/21/05--01040--024 **750.00

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 607, 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: *Mary Ann Sabol Johaneck* 11/9/05 216-464-8015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY ANN SABOL JOHANEK