

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # F04000004734**

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



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

Mailing Address  
**24950 CHAGRIN BLVD.  
BEACHWOOD, OH 44122-5634**

**DO NOT WRITE IN THIS SPACE**



05052006 No Chg-P CR2E034 (11/05)

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**

**FERGUSON, MUIR  
460 HORIZON WEST  
BOYNTON BEACH, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANEK, MARY ANN SABOL 1640 QUEEN ANNE'S GATE WESTLAKE, OH 441455634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAZIK, CAROLYN MARIE 535 CENTRE AVE., #2 READING, PA 19601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROTLEFF, IRENE JOAN 17807 NOTTINGHAM RD. CLEVELAND, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANOVEC, JOHN MARTIN JR. 23511 CHAGRIN BLVD. BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSKO, JOSEPH R REV. HOLY TRINITY CHURCH, 529 GRANT AVE., EXT. WEST MIFFLIN, PA 15122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YURECHKO, ELIZABETH ANN 10101 BROADWAY CROWN POINT, IN 46410

000000565368  
05/20/06-80131-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 JohaneK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/5/06*  
Date

Daytime Phone #

*MARY ANN SABOL JOHANEK*