


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000004734</b>	
1. Entity Name <b>THE FIRST CATHOLIC SLOVAK LADIES ASSN OF THE USA, INC.</b>	

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

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-0220540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FERGUSON, MUIR 460 HORIZON WEST BOYNTON BEACH, FL 33435</b>
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000741577 05/15/07-80033-025 150.00</b>
---	--	--

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 DROTTLEFF, 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

**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: <u>Mary Ann S. JohaneK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/25/07</u>	Daytime Phone #: _____
--	----------------------	------------------------

**MARY ANN S. JOHANEK**