

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 024 ***550.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-0220540	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, MUIR 460 HORIZON WEST BOYNTON BEACH, FL 33435			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME JOHANEK, MARY ANN SABOL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1640 QUEEN ANNE'S GATE	CITY-ST-ZIP WESTLAKE, OH 441455634		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME BAZIK, CAROLYN MARIE	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 535 CENTRE AVE., #2	CITY-ST-ZIP READING, PA 19601		STREET ADDRESS 25726 STATE LINE ROAD	CITY-ST-ZIP CRETE, IL 60417	
TITLE SD	NAME DROTFLEFF, IRENE JOAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 17807 NOTTINGHAM RD.	CITY-ST-ZIP CLEVELAND, OH 44119		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME JANOVEC, JOHN MARTIN JR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 23511 CHAGRIN BLVD.	CITY-ST-ZIP BEACHWOOD, OH 44122		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME GROSKO, JOSEPH R REV.	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS HOLY TRINITY CHURCH, 529 GRANT AVE., EXT.	CITY-ST-ZIP WEST MIFFLIN, PA 15122		STREET ADDRESS ST. MATHIAS CHURCH, 915 CORNELL ST.	CITY-ST-ZIP YOUNGSTOWN, OH 44502	
TITLE D	NAME YURECHKO, ELIZABETH ANN	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 10101 BROADWAY	CITY-ST-ZIP CROWN POINT, IN 46410		STREET ADDRESS 2634 TAFT AVE.	CITY-ST-ZIP YOUNGSTOWN, OH 44502	
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> <u>5/17/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRESIDENT <small>Daytime Phone #</small>					