

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004734

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

24950 CHAGRIN BLVD.  
BEACHWOOD, OH 441225634

**New Principal Place of Business:**

24950 CHAGRIN BLVD.  
BEACHWOOD, OH 441225634 US

**Current Mailing Address:**

24950 CHAGRIN BLVD.  
BEACHWOOD, OH 441225634

**New Mailing Address:**

24950 CHAGRIN BLVD.  
BEACHWOOD, OH 441225634 US

**FEI Number:** 34-0220540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHANEK, MARY ANN SABOL  
Address: 1640 QUEEN ANNE'S GATE  
City-St-Zip: WESTLAKE, OH 441455634

Title: VPD ( ) Delete  
Name: ROSEMARY, MLINARICH A  
Address: 25726 STATE LINE ROAD  
City-St-Zip: CRETE, IL 60417

Title: SD ( ) Delete  
Name: DROTLEFF, IRENE JOAN  
Address: 17807 NOTTINGHAM RD.  
City-St-Zip: CLEVELAND, OH 44119

Title: TD ( ) Delete  
Name: JANOVEC, JOHN MARTIN JR.  
Address: 23511 CHAGRIN BLVD.  
City-St-Zip: BEACHWOOD, OH 44122

Title: D ( ) Delete  
Name: POLANDO, PETER M REV  
Address: 8T MATHIAS CHURCH, 915 CORNELL ST.  
City-St-Zip: YOUNGSTOWN, OH 44502

Title: D ( ) Delete  
Name: BERNADETTE, DEMECKO  
Address: 2634 TAFT AVE.  
City-St-Zip: YOUNGSTOWN, OH 44502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE JOAN DROTLEFF

SECY

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date