

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01986**

1. Entity Name  
**HUNGARIAN-AMERICAN CULTURAL ASSOCIATION, INC.**



Principal Place of Business

**CSIZINSZKY ALEX DR  
6111 8TH AVE DR W  
BRADENTON, FL 34209 US**

Mailing Address

**CSIZINSZKY ALEX DR  
6111 8TH AVE DR W  
BRADENTON, FL 34209 US**



02152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6197799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CSIZINSZKY, ALEXANDER A DR  
6111 8TH AVE DR WEST  
BRADENTON, FL 34209**

**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 reappointing)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SANDOR, DR. CSIZINSKY  
STREET ADDRESS 6111-8TH AVE WEST  
CITY-ST-ZIP BRADENTON, FL

TITLE VP  
NAME VADASZ, ALEXANDRA DR.  
STREET ADDRESS 3850 WEBBER STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE SD  
NAME CSIZINSZKY, AGNES E  
STREET ADDRESS 6111 8TH AVE DR W  
CITY-ST-ZIP BRADENTON, FL

TITLE T  
NAME KISVARSANYU, GEZA DR.  
STREET ADDRESS 2339 CASS STREET  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE TD  
NAME KRAJCSIK, GEORGE  
STREET ADDRESS 3428 YOUNGE AVE  
CITY-ST-ZIP SARASOTA, FL 34235

TITLE VD  
NAME KISVARSANYI, EVA  
STREET ADDRESS 2339 CASS ST  
CITY-ST-ZIP SARASOTA, FL

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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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Geza Kisvarsanyu* T. 2/23/07

Date

941-927-1200

Daytime Phone #