


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 005 ****61.25

DOCUMENT # N34338 1. Entity Name AMERICAN-HUNGARIAN SOCIETY, INC.					
Principal Place of Business 366 CRYSTAL RIDGEWAY LAKE MARY, FL 32746 US			Mailing Address 366 CRYSTAL RIDGEWAY LAKE MARY, FL 32746 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2969316	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELLE, FRANK 366 CRYSTAL RIDGEWAY LAKE MARY, FL 32746			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERKONY, ROBERT 2410 LAKESHORE DR. ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ETELKA PALMER 841-SEMINOLE WOODS BLVD. GENEVA, FL. 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELLE, ANN 366 CRYSTAL RIDGE WAY LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIKOS, AGNES 537 LEXINGDALE DR. ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVA SUGA 2512 LOCKINGTON CT. ORLANDO, FL. 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANK BELLO 366 CRYSTAL RIDGE WAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Frank Belle</u> March 13-2007 407-323-9323					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					