


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44281</b>					
1. Entity Name <b>FIRST HUNGARIAN UNITED CHURCH OF CHRIST OF MIAMI, INC.</b>					
Principal Place of Business <b>2236 N.W. 14TH STREET MIAMI FL 33125</b>			Mailing Address <b>2236 N.W. 14TH STREET MIAMI FL 33125</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>58-2181634</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>LUKACSI, LASZLO REV. 2236 N.W. 14TH STREET MIAMI FL 33125</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	LU <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIKACSI, LASZLO REV.			J00000081811	
STREET ADDRESS	2236 N.W. 14TH STREET			03/08/04-80163-019 70.00	
CITY-ST-ZIP	MIAMI FL 33125				
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUKACSI, EVA REV				
STREET ADDRESS	2236 N.W. 14TH STREET				
CITY-ST-ZIP	MIAMI FL 33125				
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEZEY, JANOS				
STREET ADDRESS	6370 N.W. 201ST STREET				
CITY-ST-ZIP	MIAMI FL 33015				
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEZEY, MARGO				
STREET ADDRESS	6370 N.W. 201ST STREET				
CITY-ST-ZIP	MIAMI FL 33015				
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTH, DEZSO				
STREET ADDRESS	2353 N.W. 87TH DRIVE				
CITY-ST-ZIP	CORAL SPRINGS FL 33065				
TITLE	D <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVAY, KAROLY DR.				
STREET ADDRESS	4227 S.W. 107TH ROAD				
CITY-ST-ZIP	MIAMI FL 33175				



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Rev. Laszlo Lukacsi* **03.04.04. (305) 638-1631**