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

## Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # N46616 1. Entity Name 02-25-2004 90042 018 \*\*\*\*70.00 NATIONAL FEDERATION OF HUNGARIAN AMERICANS INC. Principal Place of Business Mailing Address 3900 NORTH OCEAN DRIVE 3900 N OCEAN DRIVE LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 65-0313241 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DI LASCIO, RUDOLPH M. JR Street Address (P.O. Box Number is Not Acceptable) **5798 JOHNSON STREET HOLLYWOOD FL 33021** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SVPD Diana Long 3501 Island Rive Addition A Change TITLE ☐ Delete TITLE LENGYEL, DR A NAME 4206 43RD TERRACE E STREET ADDRESS STREET ADDRESS marimar, Fl 3330e3 SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP TVPD Change ■ Addition TITLE TITLE Delete HAVERLAND, ATTILA NAME NAME 6004 HIBISCUS DR STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CETY-ST-7IP ■ Addition ☐ Delete TITLE Change HAYDU, GEORGE K ----NAME NAME 3900 NORTH OCEAN DRIVE., STE 11-A STREET ADDRESS STREET ADDRESS LAUDERDALE-BY-THE-SEA FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.