

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N46616

1. Entity Name

**NATIONAL FEDERATION OF HUNGARIAN AMERICANS
INC.**



Principal Place of Business

**3900 NORTH OCEAN DRIVE
SUITE 11A
LAUDERDALE-BY-THE-SEA FL 33308
US**

Mailing Address

**3900 N OCEAN DRIVE
11-A
LAUDERDALE-BY-THE-SEA FL 33308
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

Zip

Country

Zip

Country

4. FEI Number

65-0313241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DI LASCIO, RUDOLPH M. JR
5798 JOHNSON STREET
HOLLYWOOD FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **SVPD** ☐ Delete
NAME: **LENGYEL, DR A**
STREET ADDRESS: **4206 43RD TERRACE E**
CITY- ST- ZIP: **SARASOTA FL 34243**

TITLE: **TVPD** ☐ Delete
NAME: **LONG, DIANA**
STREET ADDRESS: **3501 ISLAND DRIVE**
CITY- ST- ZIP: **FORT LAUDERDALE FL 33303**

TITLE: **CD** ☐ Delete
NAME: **HAYDU, GEORGE K**
STREET ADDRESS: **3900 NORTH OCEAN DRIVE., STE 11-A**
CITY- ST- ZIP: **LAUDERDALE-BY-THE-SEA FL 33308**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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CITY- ST- ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

Dr. Alfonz Lengyel **DR. ALFONZ LENGYEL, SVPD**

03/26/05

(941) 351-8208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #