



FILED
Apr 03, 2006 8:00 am
Secretary of State

50007945

DOCUMENT # N93000001044				04-03-2006 90397 030 *****70.00	
1. Entity Name HUNGARIAN CHRISTIAN SOCIETY INC.					
Principal Place of Business 7061 S. TAMiami TRAIL SUITE 204 SARASOTA, FL 34231		Mailing Address 7061 S. TAMiami TRAIL SUITE 204 SARASOTA, FL 34231		50007945	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0398671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDI, LES 7061 S. TAMiami TRAIL SUITE 204 SARASOTA, FL 34231				7. Name and Address of New Registered Agent	
				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, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, MARIA		NAME	Kovacs, maria	
STREET ADDRESS	4312 WORDSWORTH WAY		STREET ADDRESS	165 Jackson Rd.	
CITY-STATE-ZIP	VENICE, FL 34293		CITY-STATE-ZIP	Venice, FL 34292	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	KRISTINA PINKICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPITY, ELISABETH		NAME	482 LOMONO DR.	
STREET ADDRESS	1722 VIRGINIA ST		STREET ADDRESS	PORT CHARLOTTE, FL. 33953	
CITY-STATE-ZIP	NORTH PORT, FL 34287		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDI, LES CPA		NAME		
STREET ADDRESS	7061 C S. TAMiami TR		STREET ADDRESS		
CITY-STATE-ZIP	SARASOTA, FL 34231		CITY-STATE-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBAK, BELA		NAME		
STREET ADDRESS	3432 S. SUMTER BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	NORTH PORT, FL 34287		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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>Maria Kovacs</u>			MARCH 26 2006 941-497-7802		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		