

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005604

1. Entity Name
CZECH-AMERICAN SUMMER MUSIC INSTITUTE, INC.



FILED

04 APR 30 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

Mailing Address
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3215999

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

KUBIK, LADISLAV
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309

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

Filing Fee is \$61.25
Due by May 1, 2004

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 PD ☐ Delete
NAME KUBIK, LADISLAV
STREET ADDRESS 2305 HAMPSHIRE WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPD ☐ Delete
NAME CROFT, J
STREET ADDRESS 1922 SHARON DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D ☐ Delete
NAME GEORGIEV, L
STREET ADDRESS 2210 MENDOZA AVE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D ☐ Delete
NAME SOBKOWSKA, J
STREET ADDRESS 2305 HAMPSHIRE WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100035848351
STREET ADDRESS 05/11/04--01011--019 **61.25
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

668-5767

Daytime Phone #