

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005604

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



Principal Place of Business
**2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309**

Mailing Address
**2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309**



05192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**KUBIK, LADISLAV
2305 HAMPSHIRE WAY
TALLAHASSEE, FL 32309**

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IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME HUNDLEY, SHAWN
STREET ADDRESS 2914 BATTLE MOUNTAIN RD
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000765490
06/01/07-80007-010 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/07 (850) 668-5767