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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Date

Daytime Phone # 0012674

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

Principal Place of Business

appears in Block 12 or Block

SIGNATURE:

5324 PINEVIEW WAY

APOPKA FL 32703

N9400004897 (4)

Mailing Address

5324 PINEVIEW WAY

APOPKA FL 32703-1963

VETERANS ASSOCIATION OF THE FORMER ROYAL HUNGARI AN GENDAMARIE, INC.

3. Date Incorporated or Qualified 10/05/1994 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KISS, GABOR 82 Street Address (P.O. Box Number is Not Acceptable) 5324 PINEVIEW WAY 83 APOPKA FL 32703 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE TITLE n KISS, GABOR NAME 1.2 NAME 5324 PINEVIEW WAY 1.3 STREET ADDRESS STREET ADORESS APOPKA FL 32703 1.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE LASZLO, ANDRE 2.2 NAME NAME 30901 SMITHONVALLEY RD 2.3 STREET ADDRESS STREET ADDRESS 400 **BULVERDE TX** 2. 4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE ENDRE, VITEZ TAMASKA 3.2 NAME NAME 2621 WOODGATE LN 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change ... Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual 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