

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001607

FILED
Apr 19, 2007
Secretary of State

Entity Name: CZEGEI WASS FOUNDATION, INC.

Current Principal Place of Business:

1602 WOODFORD AVE.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1602 WOODFORD AVE.
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0791401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASS DE CZEGE, GEZA
1602 WOODFORD AVE.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCOB () Delete
Name: WASS DE CZEGE, VID
Address: 2217 MULBERRY STREET
City-St-Zip: SALEM, VA 24102

Title: PD () Delete
Name: WASS DE CZEGE, HUBA
Address: 22247 TURNER ROAD
City-St-Zip: EASTON, KA 660207131

Title: VPD () Delete
Name: WASS DE CZEGE, MIKLOS
Address: 231 MAORISON RIDGE PKWY APT 2916
City-St-Zip: HENDERSON, NV 89012

Title: DST () Delete
Name: WASS DE CZEGE, GEZA
Address: 1602 WOODFORD AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: DEBC () Delete
Name: WASS DE CZEGE, ANDREAS
Address: SANDMOORWEG 41
City-St-Zip: HAMBURG-RISSEN, GERMANY, 22559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WASS DE CZEGE, MIKLOS
Address: 2327 HARDID RIDGE DRIVE
City-St-Zip: HENDERSON, NV 89052

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEZA WASS DE CZEGE

DST

04/19/2007

Electronic Signature of Signing Officer or Director

Date