2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2019
Secretary of State
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Entity Name: THE SLOVAK GARDEN, A HOME FOR AMERICAN SLOVAKS, INC.

Current Principal Place of Business:

3110 HOWELL BRANCH RD
SUITE 100
WINTER PARK, FL 32792

Current Mailing Address:

3110 HOWELL BRANCH RD
SUITE 100
WINTER PARK, FL 32792 US

FEI Number: 59-0972294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, HUGH M
1150 LOUISIANA AVE
SUITE 6 A
WINTER PARK, FL 32789 US

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

Officer/Director Detail :

Title	S
Name	PECHAN, MARCEL
Address	3148 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	MURPHY, IRENE
Address	141 STEFANIK RD
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	VOLOSIN, JOHN
Address	3144 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	CHARLTON, CHRISTIAN
Address	3180 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	T
Name	MRAZ, DANIELA
Address	3168 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	PRESIDENT
Name	KRAVETS, THOMAS F DR.
Address	1751 SENECA BLVD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	SMITH, IVANA
Address	3196 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	LEITCH, BRIAN
Address	3160 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

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I hereby 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 all other like empowered.

SIGNATURE: DANIELA MRAZ TREASURER 04/13/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HALUSKA, LUBOMIR
Address	1120 REFLECTIONS CIRCLE APT 206
City-State-Zip:	CASSELBERRY FL 32707