2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

5501 62ND AVENUE NORTH

PINELLAS PARK FL 34665

Suite, Apt. #, etc.

DOCUMENT # 722776

1. Entity Name

Principal Place of Business

5501 62ND AVENUE NORTH

2. Principal Place of Business

PINELLAS PARK FL 34665

Suite, Apt. #, etc.

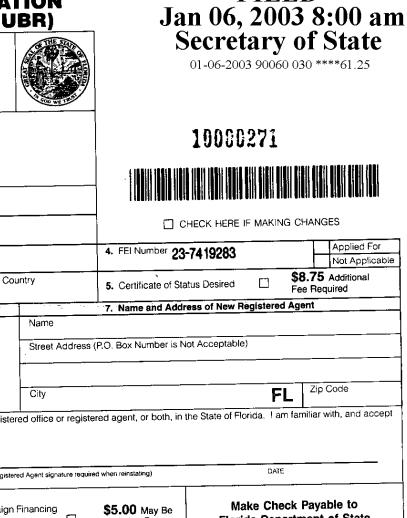
City & State

Zip

OLD ROMAN CATHOLIC BISHOP OF FLORIDA, INC.

Country

6. Name and Address of Current Registered Agent



FILED

			Name					
HUMPHRE 245 65TH	EYS, JOHN J., D.D., (THE MOST REV.) STREET NORTH		Street Address (P.O. Box Number is Not Acceptable)					
	RSBURG FL 33710		City		FL	Zip Code		
8. The above the obligation	named entity submits this statement for the purp ions of registered agent.	ose of changing its req	gistered office or reg	istered agent, or both, in the	e State of Florida. I am fa	ımiliar with, a	ind accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	plicable. (NOTE: R	egistered Agent signature rea	quired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	10	
TITLE NAME STREET ADDRESS	PTD HUMPHREYS, JOHN J (REV) 245 65TH STREET NORTH	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST. PETERSBURG FL SD BRUSCA, CHARLES T.(REV) 679 S.W. 17TH COURT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	SEMINOLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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: 1 Jun Standing Most-Rev. John & Humphreys) 1-3-02 721-5-48. 402

CR2E037 (10/02)