


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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90239 037 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000007305	
<b>1. Entity Name</b> THE MSGR. JOHN P. STEVENSKY CHARITABLE FOUNDATIO N, INC.	

<b>Principal Place of Business</b> 6511 NW 58 ST TAMARAC FL 33321	<b>Mailing Address</b> 6511 NW 58 ST TAMARAC FL 33321
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1144593	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required.</b>
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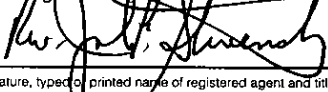
<b>6. Name and Address of Current Registered Agent</b>
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NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

<b>7. Name and Address of New Registered Agent</b>
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<b>Name</b> John P. Stevensky
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6511 N.W. 58 Street
<b>City</b> Tamarac FL 33321
<b>Zip Code</b> 33321

**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**  **Feb. 18, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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**

<b>10. OFFICERS AND DIRECTORS</b>
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<b>TITLE</b> D	<b>NAME</b> STEVENS, REV JOHN P	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 6511 NW 58 ST	<b>CITY-ST-ZIP</b> TAMARAC FL 33321	
<b>TITLE</b> D	<b>NAME</b> BARNA, JOANN	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 6511 NW 58 ST	<b>CITY-ST-ZIP</b> TAMARAC FL 33321	
<b>TITLE</b> D	<b>NAME</b> DEUTSCH, BARBARA	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 4240 CHANTELE DR, #201-B	<b>CITY-ST-ZIP</b> NAPLES FL 34112	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
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<b>TITLE</b> D	<b>NAME</b> Agnes Madrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8393 Hunting Drive	<b>CITY-ST-ZIP</b> North Royalton, Ohio 44133	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	

**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 another like empowered.**

**SIGNATURE:**  **Feb. 18, 2003**

CR2E037 (10/02)