
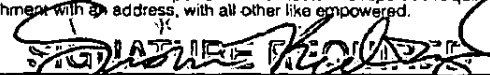


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

07-07-2003 90144 046 ****61.25

DOCUMENT # N02000007980			
1. Entity Name NORTH STAR CATHOLIC MINISTRIES INC.			
Principal Place of Business 1519 FLORIDA AVE PALM HARBOR FL 34683		Mailing Address PO BOX 87 OZONA FL 34660	
2. Principal Place of Business 32000 US 19 N.		3. Mailing Address	
Suite, Apt. #, etc. 117 (temporary)		Suite, Apt. #, etc.	
City & State Palm Harbor FL		City & State	
Zip 34684		Country USA	
4. FEI Number 331026276		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEELING, SUSAN M 1519 FLORIDA AVE PALM HARBOR FL 34683		7. Name and Address of New Registered Agent	
		Name [Redacted]	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P, T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELING, SUSAN M	NAME	32000 US 19 N #117 temporary
STREET ADDRESS	1519 FLORIDA AVE	STREET ADDRESS	Palm Harbor FL 34684
CITY-ST-ZIP	PALM HARBOR FL 34683	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBAIN, ANDREW JOHN B	NAME	7296 W 85th Street
STREET ADDRESS	1519 FLORIDA AVE	STREET ADDRESS	Los Angeles CA 90045
CITY-ST-ZIP	PALM HARBOR FL 34683	CITY-ST-ZIP	
TITLE	S, T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANSKI, J. TREVOR P	NAME	32000 US 19 N. #117
STREET ADDRESS	1519 FLORIDA AVE	STREET ADDRESS	Palm Harbor FL 34684 (temporary)
CITY-ST-ZIP	PALM HARBOR FL 34683	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 7-1-03 (727) 787-7712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55053436

CHECK HERE IF MAKING CHANGES

CR2E037 (7/02)