

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000003727

Entity Name: ST. MICHAEL PARISH IN WAUCHULA, INC.**Current Principal Place of Business:**408 HEARD BRIDGE ROAD
WAUCHULA, FL**Current Mailing Address:**1000 PINEBROOK ROAD
VENICE, FL 34285 US**FEI Number:** 65-0640925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIOCESE OF VENICE IN FLORIDA, INC.
ATTN: DR. VOLODYMYR SMERYK
1000 PINEBROOK ROAD
VENICE, FL 34285 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:** DR. VOLODYMYR SMERYK

06/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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|-----------------|-------------------------------|
| Title | TRUSTEE, PRESIDENT, TREASURER |
| Name | DUROSIER, C.S., WILNER REV. |
| Address | 1000 PINEBROOK ROAD |
| City-State-Zip: | VENICE FL 34285 |

| | |
|-----------------|---------------------------|
| Title | TRUSTEE |
| Name | MCNAMARA, STEPHEN E MSGR. |
| Address | 1000 PINEBROOK ROAD |
| City-State-Zip: | VENICE FL 34285 |

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|-----------------|-----------------------|
| Title | TRUSTEE |
| Name | SMERYK, VOLODYMYR DR. |
| Address | 1000 PINEBROOK ROAD |
| City-State-Zip: | VENICE FL 34285 |

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|-----------------|---------------------|
| Title | VP |
| Name | PLATA, JUAN CARLOS |
| Address | 1000 PINEBROOK ROAD |
| City-State-Zip: | VENICE FL 34285 |

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|-----------------|---------------------|
| Title | SECRETARY |
| Name | CORONADO, YURI |
| Address | 1000 PINEBROOK ROAD |
| City-State-Zip: | VENICE FL 34285 |

| | |
|-----------------|-------------------|
| Title | VP |
| Name | HORNACK, THOMAS J |
| Address | 1000 PINEBROOK |
| City-State-Zip: | VENICE FL 34285 |

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: DR. VOLODYMYR SMERYK**DIRECTOR**

06/22/2023

Electronic Signature of Signing Officer/Director Detail

Date