

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90073 027 \*\*\*\*70.00

**DOCUMENT # N00000005547**

**1. Entity Name**  
**THE SALESIAN SOCIETY OF ST. PETERSBURG, INC.**



**Principal Place of Business**

**6470 13TH AVE N  
ST PETERSBURG FL 33710**

**Mailing Address**

**6470 13TH AVE N  
ST PETERSBURG FL 33710**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3698583**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCORMICK, REX RICHARD SDB  
6470 13TH AVE N  
ST PETERSBURG FL 33710**

**7. Name and Address of New Registered Agent**

Name **GRINSELL, REV. JOHN SDB**

Street Address (P.O. Box Number is Not Acceptable)

**6470 13TH AVE N.**

**ST. PETERSBURG**

City

**FL**

Zip Code

**33710**

**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

*Rev. John Grinsell*

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**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **MCCORMICK, REV RICHARD S.D.B.**  
STREET ADDRESS **6470 13TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☐ Delete  
NAME **MOLINELLI, LOUIS S.D.B.**  
STREET ADDRESS **6470 13TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☐ Delete  
NAME **HANNA, BRO. WILLIAM J S.D.B.**  
STREET ADDRESS **6470 13TH AVE N**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☒ Change ☐ Addition  
NAME **GRINSELL, REV. JOHN SDB**  
STREET ADDRESS **6470 13TH AVE N**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Bro. William J. Hanna, SDB*

CR2E037 (10/02)