

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 012 ****61.25

DOCUMENT # N03000010066 1. Entity Name ST. JOSEPH'S ORTHODOX CATHOLIC CHURCH, INC.			
Principal Place of Business 24698 U.S. HWY 19 LOT 201 CLEARWATER, FL 33766 US		Mailing Address 24698 US HWY 19 P.O. BOX 14306 CLEARWATER, FL 33766 US	
2. Principal Place of Business 24698 U.S. Hwy 19 Suite, Apt. #, etc.: Lot 201 City & State: Clearwater, Fl Zip: 33766 Country: USA		3. Mailing Address 24698 US Hwy 19 Suite, Apt. #, etc.: P.O. Box 14306 City & State: Clearwater, Fl Zip: 33766 Country: USA	
4. FEI Number 42-1610100		Applied For <input 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 KIRTON, CHARLES FATHER 1485 CLEVELAND ST CLEARWATER, FL 33755 		7. Name and Address of New Registered Agent Name: Father Charles Kirtan Street Address (P.O. Box Number is Not Acceptable): 2387 Whitman St. Clearwater, Fl 33765 City: FL Zip Code: 33765	
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.</small>		DATE: 4-13-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PRES DOBECK, DENNIS M FATHER 2351 IRISH LANE #61 CLEARWATER, FL 33763	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRTON, CHARLES FATHER 1485 CLEVELAND ST. CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete Address only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DOBECK, KATHRYN B SISTER 2351 IRISH LANE #61 CLEARWATER, FL 33763	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Dennis M Doback	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-13-04 Daytime Phone #: 727-796-9684	