


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

04132004 Chg-NP CR2E037 (10/03)

4. FEI Number
42-1610100 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KIRTON, CHARLES FATHER
1485 CLEVELAND ST
CLEARWATER, FL 33755

Charles Kirton

7. Name and Address of New Registered Agent
 Name *Father Charles Kirton*
 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 _____ DATE *4-13-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES DOBECK, DENNIS M FATHER 2351 IRISH LANE #61 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRTON, CHARLES FATHER 1485 CLEVELAND ST. CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete <i>Address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DOBECK, KATHRYN B SISTER 2351 IRISH LANE #61 CLEARWATER, FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Father Charles Kirton 2387 Whitman St Clearwater, Fl 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Dobek* **Dennis M Dobek** *4-13-04* *727-996-9684*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #