

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000761 (8)

1. Corporation Name

ST. MARY'S PARISH OF THE POLISH NATIONAL CATHOLIC CHURCH, INC.



Principal Place of Business

2175 PINELLAS PT. DR. S.
ST. PETERSBURG FL 33712

Mailing Address

2175 PINELLAS PT. DR. S.
ST. PETERSBURG FL 33712

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

02/27/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUGUSTYN, MICHAEL J
2175 PINELLAS POINT DR SO.
ST. PETERSBURG FL 33712

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CD	LAMPKA, JULIAN	5515 45TH AVE NO.	KENNETH CITY FL 33709	<input type="checkbox"/>
VCD	TRUCHLINSKI, EDWARD	3930 GLEN OAKS MANOR DR	SARASOTA FL	<input checked="" type="checkbox"/>
VCD	JACKSON, JEAN L	5980 SHORE BLVD., S., DIPLOMAT HOUSE	GULFPORT FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15
VCD	MATYSIAK, STANLEY	7435 Bayshore Dr. Apt. 203	TREASURE ISLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VCD	JACKSON, ZEN D.	5980 Shore Blvd. S. # 312	GULFPORT, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jean L Jackson, Fin. Secy. Treas.

4/26/96 (18) 347-5071
Date Daytime Phone #

CR2E037 (12/95)