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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000761 (8)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

**2175 PINELLAS PT. DR. S.
ST. PETERSBURG FL 33712-5825**



3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
05/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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 officer 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

TITLE **CD** ☐ DELETE

NAME **LAMPKA, JULIAN**
STREET ADDRESS **2175 PINELLAS PT. DR. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **VCD** ☒ DELETE

NAME **MATYSIAK, STANLEY**
STREET ADDRESS **7435 BAYSHORE DR. APT 203**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **VCD** ☒ DELETE

NAME **JACKSON, ZEN D**
STREET ADDRESS **5980 SHORE BLVD. S. #312**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VCD** ☒ Change ☒ Addition

2.2 NAME **WILLIAM JUCKER**
2.3 STREET ADDRESS **1950 59th Ave. N. #208**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33714**

3.1 TITLE **VCD** ☒ Change ☐ Addition

3.2 NAME **WANDA KEDZIBSKI**
3.3 STREET ADDRESS **12851 93rd Ave. N.**
3.4 CITY-ST-ZIP **Seminole, FL 33776**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE: *William Jucker* *Wanda Kedzibski*

CR2E037 (9/96)