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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**

3. Date Incorporated or Qualified

12/14/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

24 **25**

29 **30**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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 **REV. DR. ROBERT NIZNIK**

82 Street Address (P.O. Box Number is Not Acceptable)
2175 PINELLAS POINT DR. SO.

83 **ST. MARY'S PARISH**

84 City **ST. PETERSBURG** **FL** **85** Zip Code **33712**

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]

(NOTE: Registered Agent signature required when reinstating)

2-21-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **ZDZISLAW MIKOLAJCZAK**
1.3 STREET ADDRESS **1759 12th AVE**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **VCD** ☒ DELETE
NAME **JUREK, WILLIAM**
STREET ADDRESS **1950 59TH AVE, NORTH, #208**
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE **VCD** ☒ Change ☐ Addition
2.2 NAME **JAY TUXFORD**
2.3 STREET ADDRESS **6884 22nd. WAYS.**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **VCD** ☒ DELETE
NAME **KEDZIERSKI, WANDA**
STREET ADDRESS **12851 93RD AVE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **BARBARA MILAN**
3.3 STREET ADDRESS **8461 MONARCH CIR.**
3.4 CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **ELZBIETA TARNOWSKA**
4.3 STREET ADDRESS **705 E. BAY DR. APT. 260C**
4.4 CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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]* **2-21-98 813,867,7290**

CR2E037 (10/97)