

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90023 015 ****61.25

DOCUMENT # N92000000761

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOSIAK, RICHARD REV
2175 PINELLAS PT DR SOUTH
ST. PETERSBURG FL 33712**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C MAKOWSKI, JADWICA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3209- 58 ST. S.	
CITY- ST- ZIP	GULFPORT FL 33707	
TITLE NAME	VC FILINSKA, ZOFIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10201-36 ST. N.	
CITY- ST- ZIP	CLEARWATER FL 33762	
TITLE NAME	D LUKAS, ELIZABETH	<input type="checkbox"/> Delete
STREET ADDRESS	3624 36TH ST NO	
CITY- ST- ZIP	ST PETERSBURG FL 33713	
TITLE NAME	AS BARDEGA, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	1620-58 AVE. S.	
CITY- ST- ZIP	SAINT PETERSBURG FL 33712	
TITLE NAME	D JUREK, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1950-59 AVE. N. #208	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	
TITLE NAME	D BIERNACKI, THEODORE	<input type="checkbox"/> Delete
STREET ADDRESS	2440 WORLD PKWY. BLVD.	
CITY- ST- ZIP	CLEARWATER BEACH FL 33767	

TITLE NAME	CHAIRMAN GRAZYNA KOWALSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3719 COATS RD.	
CITY- ST- ZIP	ZEPHYRHILLS, FL 33541	
TITLE NAME	SECRETARY HALINA GROSZEK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7242 RIVERBANK DR.	
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

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:

Jean Bardega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (727) 867-7290
Date Daytime Phone #