

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90251 026 ****61.25

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1st MOORE CR2E037 (10/04)

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 2175 Pinellas Pt. Dr. S.		3. Mailing Address 2175 Pinellas Pt. Dr. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Petersburg, FL		City & State St Petersburg, FL	
Zip 33712		Zip 33712	
Country Pinellas		Country Pinellas	
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 SIELCHAN JOHN REV. WOSIAK RICHARD REV. 2175 PINELLAS PT DR SOUTH ST. PETERSBURG FL 33712		7. Name and Address of New Registered Agent Rev. John Sielchan 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 <i>Rev. John Sielchan</i> Rev. John Sielchan 5-30-05 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, 2005		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 STREET ADDRESS CITY-ST-ZIP	C KOWALSKI, GRAZYNA 3719 COATS RD ZEPHYRHILLS FL 33541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parker Bill 5222 4th St. N #309 St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSZEK, HALINA 7242 RIVERBANK DR. NEW PORT RICHEY FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Mikolajczak 1037 35 Ave. No. St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKAS, ELIZABETH 3624 36TH ST NO ST PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zdzislaw Mikolajczak 1037 35 Ave. No. St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARDEGA, JEAN 1620-58 AVE. S. SAINT PETERSBURG FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Mikolajczak 1037 35 Ave. No. St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIERNACKI, THEODORE 2440 WORLD PKWY. BLVD. CLEARWATER BEACH FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zdzislaw Mikolajczak 1037 35 Ave. No. St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mikolajczak Susan 1037 35 Ave. No. St. Petersburg, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Mikolajczak 1037 35 Ave. No. St. Petersburg, FL 33704
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 <i>Rev. John Sielchan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-30-05 727-867.7290 Date Daytime Phone #	