

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90355 004 ****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

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Rev. Richard Wosiak

4/19/03

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

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 | T MOLINARI, ZOFIA 4350 37TH AVE NO ST PETERSBURG FL 33713 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PARKER, BILLY 5222 4TH ST NO. LOT. 309 ST PETERSBURG FL 33703 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TREASURER LUKAS, ELIZABETH 3624 36TH ST NO ST PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC WOJCIECH, DOLECKI 3199 58 WAY N SAINT PETERSBURG FL 33710 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YUREK, BOLESŁAW 1950 58 AVE N #208 SAINT PETERSBURG FL 33714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MIKOLAJCZAK, ZOZSLAW 8522C 10 ST SAINT PETERSBURG FL 33702 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAIRMAN JADWIGA MAKOWSKI 3209 - 58 ST. S. GULF PORT, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE CHAIRMAN ZOFIA FILINSKA 10201 - 36 ST. N. CLEARWATER, FL 33762 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FINANCIAL SECRETARY JEAN BARDEGA 1620 - 58 AVE. S. ST. PETERSBURG, FL 33712 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR THEODORE BIERNACKI 2440 WORLD PARKWAY BLVD. CLEARWATER, FL 33767 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR WILLIAM JUREK 1950 - 59 AVE. N. #208 ST. PETERSBURG, FL 33714 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Signature Required*

4/19/03 (722) 867-7290

CR2E037 (10/02)