FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001139 (4)**

1. Corporation Name

SANTA BARBARA PARISH, POLISH NATIONAL CATHOLIC CHURCH, INC.

Principal Place of Business	Mailing Address
1156 SW 6TH STREET MIAMI FL 33130	1156 SW 6TH STREET MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:
4. FEI Number: ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KULATZ, CONRAD S
633 SE 3RD AVE
SUITE 4R
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, NATANAEL	12 NAME		
STREET ADDRESS	8025 NW 7TH STREET #401	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SPINA, JOSEPH C	22 NAME		
STREET ADDRESS	9 NE 19TH CT, C-205	23 STREET ADDRESS	3084 S. OAKLAND FOREST DR. #1403	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	24 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, JOSE	32 NAME		
STREET ADDRESS	1156 SW 6TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DE LA CAMPA, JOSEFINE	42 NAME		
STREET ADDRESS	1031 NW 26TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ, ANTONIA	52 NAME		
STREET ADDRESS	4456 W FLAGLER	53 STREET ADDRESS	207 SW 18TH AVENUE #1	
CITY-ST-ZIP	MIAMI FL 33134	54 CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Fr Joseph C Spina, OSF 4/17/95 305-731-8173
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

FR. JOSEPH C. SPINA, OSF

0041870