


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001139 (4)**

1. Corporation Name

SANTA BARBARA PARISH, POLISH NATIONAL CATHOLIC CHURCH, INC.



Principal Place of Business 1156 SW 6TH STREET MIAMI FL 33130	Mailing Address 1156 SW 6TH STREET MIAMI FL 33130-3104
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3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KULATZ, CONRAD S 633 SE 3RD AVE SUITE 4R FT LAUDERDALE FL 33301	
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10. Name and Address of New Registered Agent 81 Name LIDIA SIMMS 82 Street Address (P.O. Box Number is Not Acceptable) 2910 SW 34 ave 83 MIAMI 84 City FL 85 Zip Code 33133	
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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 *Lidia Simms* DATE 8-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, NATANAEL	1.2 NAME	
STREET ADDRESS	7472 W 32 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINA, JOSEPH C	2.2 NAME	CATALINA HERNANDEZ
STREET ADDRESS	3084 S OAKLAND FOREST DR. #1403	2.3 STREET ADDRESS	7472 W 32 CT
CITY-ST-ZIP	FT LAUDERDALE FL 72	2.4 CITY-ST-ZIP	HIALEAH FL 33018
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JOSE	3.2 NAME	
STREET ADDRESS	1156 SW 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA CAMPA, JOSEFINE	4.2 NAME	HILDA ACOSTA
STREET ADDRESS	1031 NW 26TH AVE	4.3 STREET ADDRESS	5800 W. FLAGLER ST #401
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Lidia Simms* DATE 8-12-97

CR2E037 (9/96)