1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001139

SANTA BARBARA PARISH, POLISH NATIONAL CATHOLIC C HURCH, INC.

Principal Place of Business

2. Principal Place of Business

1156 SW 6TH STREET MIAMI FL 33130

Mailing Address

1156 SW 6TH STREET MIAMI FL 33130

2a. Mailing Address

May 08, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

03/04/1994

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Country Zip Country Country Country Suite, Apt. #, etc. 4. FEI Number NOT APPLICABLE Suite, Apt. #, etc. Applied For Not Applicable Sa.75 Additional Fee Required Solution Applicable Sa.75 Additional Fee Required Solution Campaign Financing Solution Campaign Financing Solution Campaign Financing Added to Fees	21		26			03/04/1994		
NOT APPLICABLE - Not Applica		#, etc.	Suite, Apt. #, etc.				Apr	lied For
City & States City & States City & States Country 20 Country S. Certificate of Status Desired \$4.75 Additional Fee Required Fee Required Fee Required Fee Required \$5.00 May Be \$2 28 29 30 Tust Fund Contribution \$5.00 May Be \$6.00 May Be	22		27			NOT APPLICABLE	- Not	Applicable
Fee Required Zp Country Zip Country A D SAME Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 35 SUBMA, LIDIA 36 Street Address (P.O. Box Number is Not Acceptable) 37 PL 38 Street Address (P.O. Box Number is Not Acceptable) 38 SUBJET 4R MAMER FL 33133 11. Pursuant the provisions of Sections 617 0502 and 617 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered effice 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 appendix are registered agent, and the purpose of changing its registered effice or registered agent, or both, in the State of Floridal Statutes. 11. Pursuant the provisions of Sections 617 0502 Floridal Statutes. 12. OFFICIENS AND DIRECTORS 13. The purpose of Change is registered agent, or both, in the State of Floridal Statutes. 14. OFFICIENS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICIENS AND DIRECTORS IN 12 16. The purpose of Change is registered agent, or both, in the State of Floridal Statutes. 17. OFFICIENS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICIENS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICIENS AND DIRECTORS IN 12 19. AD		ė	City & State			5 Contiferto of Status Desired	•	
Zip Country Zip Country Zip Country S. Election Campaign Financing S. 5.00 May Be Added to Fees	23		28			5. Certificate of Status Desired	Fee Rec	uired
25 29 30 Trust Fund Contribution Addied to Fees		Country	Zip	Country		6. Election Campaign Financing	\$5.00 1	May Be
9. Name and Address of Current Registered Agent SIMMS, LIDIA 2910 SW 34 AVE SUITE 4R MAMAIF L 33133 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 agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the registered agent agent and the registered agent and the registered ag	24	25	29 30	5		Trust Fund Contribution	Added to	Fees
SIMMS, LIDIA 2910 SW 34 AVE SUITE 4R MANI FL 33133 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 4D City	<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
2910 SW 34 AVE SUITE 4R MAMI FL 33133 84 City FL 85 Zip Code 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 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, 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, 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, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and a corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent, or both, and a corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent and of directors. I hereby accept the appointment as registered agent. I hereby accept t				81	Name			
2910 SW 34 AVE SUITE 4R MAMI FL 33133 84 City FL 85 Zip Code 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 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, 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, 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, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and a corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent, or both, and a corporation's board of directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent and of directors. I hereby accept the appointment as registered agent. I hereby accept t	SIMMS LE	DIΔ		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 4R MAMI FL 33133 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. 17. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 18. City				1	0.000,700,			
MIAMI FL 33133 E4 City FL S Zip Code	711221	of Air		83				
T1. 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 and tied if applications of, Section 617.0503, Florida Statutes. SIGNATURE T2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D D DELETE 1:TITLE 1:TIT		22122					DE Zin C	ode
office or registered agent, or both, in the State of Horida. Such carry Florida Statutes. SIGNATURE Signature	MICHIELE	30130		84	City	i	FL S Z D C	.008
office or registered agent, or both, in the State of Horida. Such carry Florida Statutes. SIGNATURE Signature	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the purpos	e of changing its	registered
SIGNATURE Signature, typed or printed name of registered agent and tite if applicable. (NOTE Registered Agent algorithm required when neintating) DATE	office or r	egistered agent, or both, in the State 0	of Florida. Such change was aut⊓	iorizea by	une corporau	on's board of directors. I hereby accept the a	ppointment as reg	jistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Fiorida	a Statutes	•			Ì
12.	SIGNATURE	St	and title if analicable (NOTE: Re	nistered Agen	it signature require	d when reinstating) DAT	E	
TITLE	12				. organization to quant		AND DIRECTOR	RS IN 12
NAME HERNANDEZ, NATANAEL 12 13 13 13 14 15 14 17 15 17 17 17 17 17 17				1.1 TITLE			☐ Change	Addition
STREET ADDRESS		_	 .	1.2 NAME				
HIALEAH FL					ADDRESS			
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NAME HERNANDEZ, CATALINA 22 NAME STREET ADDRESS CITY. ST-ZIP HIALEAH FL 24 CITY. ST-ZIP TITLE Change Addition			M DELETE		·-ZII		Change	☐ Addition
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NAME GOMEZ, JOSE 32 NAME 33 STREET ADDRESS 156 SW 6TH STREET 33 STREET ADDRESS			☐ DELETE		11-21		☐ Change	Addition
STREET ADDRESS		l -	_					ļ
MIAMI FL 33130 34.CITY-ST-ZIP					TADDDESS			
TITLE		l .		•				
NAME ACOSTA, HILDA STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CONTROLL CONTROL			DELETE		11-21		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE CITY-ST-ZIP TOTLE S.1 TITLE S.2 NAME S.3 STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP CONTACT OF CHANGE G.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		I = =					_ -	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP				1	TADORESS			
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	CITY-ST-ZIP		h this filing does not qualify for th			Section 119 07/3Vi) Florida Statutes I furthe	r certify that the ir	formation

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, with all other like empowered.

SIGNATURE:

4/30/99

(3 al) \$56-2368 Daytime Phone #