

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # N96000001728

1. Entity Name
ST. JUSTIN MARTYR MENS CLUB, INC.



Principal Place of Business
**C/O ST. JUSTIN MARTYR CATHOLIC CHURCH
105500 OVERSEAS HWY.
KEY LARGO, FL 33037**

Mailing Address
**C/O ST. JUSTIN MARTYR CATHOLIC CHURCH
105500 OVERSEAS HWY.
KEY LARGO, FL 33037**



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUPINO, JAMES S
100360 OVERSEAS HWY.
KEY LARGO, FL 33037**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000076211
03/04/04-80017-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
KAMIENSKI, LEE
9861 LEEWARD AVE.
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SENK, ROBERT
166 LONG KEY RD.
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SHERIFF, JOSEPH SR.
920 LAPALOMA RD.
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

451-0461

Daytime Phone #