

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

FILED
May 14, 2002 8:00 am
Secretary of State

04-23-2002 90428 047 ****70.00
05-14-2002 90360 010 ****61.25

DOCUMENT # **N96000005836**
1. Entity Name
ST. JOHN THE EVANGELIST Holy Catholic Church

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103 W. HENRY AVE
Suite, Apt. #, etc.
City & State
TAMPA FL
Zip
33604 Country
USA

3. Mailing Address
103 W. HENRY AVE
Suite, Apt. #, etc.
City & State
TAMPA FL
Zip
33604 Country
USA

DO NOT WRITE IN THIS SPACE

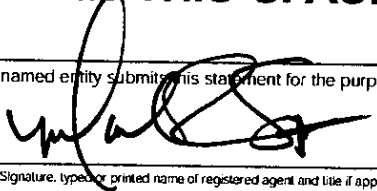
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0709465 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name **FR. MARK ROWE**
Street Address (P.O. Box Number is Not Acceptable)
103 W. HENRY AVE.
City **TAMPA** FL Zip Code **33604**

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.

SIGNATURE  **FR. MARK ROWE, Pres.** **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	CPD	TITLE	
NAME	FR. MARK ROWE	NAME	
STREET ADDRESS	103 W. HENRY AVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 37604	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	ALAN HAZELTON	NAME	
STREET ADDRESS	4930 TRITON Ct. W	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	MATTHEW GIORDANO	NAME	
STREET ADDRESS	22478 BLANCHARD AVE.	STREET ADDRESS	
CITY - ST - ZIP	FORT CHARLOTTE, FL. 33952	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	ELEANOR HAZELTON	NAME	
STREET ADDRESS	4930 TRITON Ct W	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904	CITY - ST - ZIP	
TITLE	DS	TITLE	
NAME	RUTH GALLAGHER	NAME	
STREET ADDRESS	2224 SE 11th Pl.	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	CITY - ST - ZIP	
TITLE	DT	TITLE	
NAME	LIZ JOHNSTON	NAME	
STREET ADDRESS	103 W. HENRY AVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33604	CITY - ST - 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **FR. MARK ROWE** **4/30/02** **(813)237-0879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)