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

FILED Aug 03, 2004 8:00 am Secretary of State 08-03-2004 90007 022 ****61.25

DOCUMENT #	N	9900000	6650	0
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1. Entity Name

ST, MARY'S PARISH OF ST. JOHN'S



	<u>ONI MOCI</u>		1109,			
DO	NOT WRITE	IN THIS SI	PACE		. •	
2. Principal Place of B	usinass	3. Mailing Address		70.60	14858	
36 0.1 W=9	WANN-AVE	66	16 28 ST. S.	240	• •	
	Suite, Apt. #, etc. SUITE 209 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State TA		ST. PETERSBURG, FL		4. FEI Number 59-3632478 Applied For Not Applicable		
^{Zip} 33609	Country	^{Zip} 33712	Country	5. Certificate of S	_	\$8.75 Additional Fee Required
			SACUS SAC		ress of Current Register	
DO NOT WRITE				P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE	6616	28 St.	South	
			City St.	Petersbi		L Zip Code 33712
8. The above named of the obligations of re	entity submits this statement for	the purpose of changing its	registered office or register		 	
	yped or printed name of registered agent a EE IS \$61.25		E: Registered Agent signature required	\$5.00 May Be	Make Che	ck Payable to
	or Amended UBR		contribution.	Added to Fees	Нолда Џер	artment of State
TILE PN12	OFFICERS AND DIR		THE	is, <mark>waaren hookka hookka saka kale</mark> 20 aanta - Andre Steel (2008)	Regardo Carlo (Septembro (Septemb	
NAME I C G I	UIK, ROBERT R 6 28 St. S	outh	NAME			
21REEL ADDRESS 1	PETERSBURG		STREET ADDRESS CITY-ST-ZIP			
			TITLE			
MAINIE .	ZLER GEORGE 16 28 ST. SO		NAME			
017122111221122	· -		STREET ADDRESS CITY-ST-ZIP			
1	PETERSBURG	•	TITLE			
3.4	LSENAULT RE	BERAM	NAME			er om er tregger er om er tregger om er er Anders er om er
	FTY-HARBO	P-F1-3469	STREET ADDRESS	DO	-NOT-WR	ITE
		10 11	TITLE	da a Padra - Parter Cadrago, e as A	e New York of the Control of the Con	Security of the Control of the Security of the
NAME STREET LORDEGO & C	OO US HIGHLA	AV 10 MOOTE	NAME	HIV	THIS SPA	UE
	NELLAS PARK		STREET AODRESS CITY: ST-ZIP			
TITLE A		•	TITLE			
	ILLINGHAM , 3		NAME			
STREET ADDRESS 3.5	895 50 TH. A T- PETERSBUR	10. FL 33711	STREET ADDRESS CRTY-ST-ZIP			
TITLE NAME		<u> </u>	TITLE NAME			

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

PT. PEV. ROBERT NIZNIK

7-26-04

727 865-62 79