

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006650</b> 1. Entity Name <b>ST. MARY'S PARISH OF ST. JOHN'S CATHOLIC CHURCH, INC.</b>					
Principal Place of Business <b>3601 W SWANN AVE STE 209 TAMPA FL 33609 US</b>			Mailing Address <b>6616 28TH ST SOUTH ST. PETERSBURG FL 33712 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3632478</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NIZNIK, ROBERT REV. RT. 6616 28TH ST SOUTH ST. PETERSBURG FL 33712</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIZNIK, ROBERT REV. RT.</b> <b>6616 28TH ST SOUTH</b> <b>ST. PETERSBURG FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEZLER, GEORGE REV.</b> <b>6616 28TH ST. SOUTH</b> <b>ST. PETERSBURG FL 33712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ARSENAULT, REBEKAH</b> <b>241 TUCKER</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, ANGELA</b> <b>8600 US HWY 19 NORTH</b> <b>PINELLAS PARK FL 33782</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLINGHAM, JOHANNA</b> <b>3895 50TH AVE. S.</b> <b>ST. PETERSBURG FL 33711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			



1st MOORE CR2E037 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Robt. Rev. Robert Niznik* **2-14-05 727-865-627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #