

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90022 037 \*\*\*\*70.00

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1st MOORE CR2E037 (10/05)

<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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 registrant sign and title if applicable (NOTE: Registered Agent signature required when necessary) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NIZNIK, ROBERT REV. RT.</b>		NAME		
STREET ADDRESS	<b>6616 28TH ST SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BEZLER, GEORGE REV.</b>		NAME		
STREET ADDRESS	<b>6616 28TH ST. SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ARSENAULT, REBEKAH</b>		NAME		
STREET ADDRESS	<b>241 TUCKER</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COLE, ANGELA</b>		NAME		
STREET ADDRESS	<b>8600 US HWY 19 NORTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GILLINGHAM, JOHANNA</b>		NAME		
STREET ADDRESS	<b>3895 50TH AVE. S.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33711</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Robert Niznik</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					