

**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

66009315



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		4. FEI Number <b>59-3632478</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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			FL		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 agent and title if applicable (NOTE: Registered Agent signature required when terminating) 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	NIZNIK, ROBERT REV. RT.		NAME		
STREET ADDRESS	6616 28TH ST SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEZLER, GEORGE REV.		NAME		
STREET ADDRESS	6616 28TH ST. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARSENAULT, REBEKAH		NAME		
STREET ADDRESS	241 TUCKER		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, ANGELA		NAME		
STREET ADDRESS	8600 US HWY 19 NORTH		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLINGHAM, JOHANNA		NAME		
STREET ADDRESS	3895 50TH AVE. S.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		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>					