


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 042 ****61.25

DOCUMENT # N99000006650			
1. Entity Name ST. MARY'S PARISH OF ST. JOHN'S CATHOLIC CHURCH, INC.			
Principal Place of Business 3601 W SWANN AVE STE 209 TAMPA FL 33609 US		Mailing Address 6616 28TH ST SOUTH ST. PETERSBURG FL 33712 US	
2. Principal Place of Business - No P.O. Box #		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 NIZNIK, ROBERT REV. RT. 6616 28TH ST SOUTH ST. PETERSBURG FL 33712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-3632478 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
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 checked="" 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	



2nd MOORE CR2E037 (4/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Rev. Robert Niznik* **REV. ROBERT NIZNIK** S-24-07 813,966-5673