


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90005 049 ****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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



2nd MOORE CR2E037 (4/08)

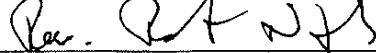
4. FEI Number 59-3632478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By September 3, 2008	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
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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 checked="" 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 checked="" type="checkbox"/> Addition
NAME COLE, ANGELA		NAME	URSULA NIZNIK
STREET ADDRESS 8600 US HWY 19 NORTH		STREET ADDRESS	6616 28th St. S
CITY-ST-ZIP PINELLAS PARK FL 33782		CITY-ST-ZIP	ST. PETERSBURG, FL 33712
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 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** 5-24-08 727 865-6279