


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90118 018 \*\*\*\*70.00

**DOCUMENT # N99000006650**

1. Entity Name  
**ST. MARY'S PARISH OF ST. JOHN'S CATHOLIC CHURCH, INC.** ✓



Principal Place of Business      Mailing Address  
**6616 28TH ST SOUTH**      **6616 28TH ST SOUTH**  
**ST. PETERSBURG FL 33712**      **ST. PETERSBURG FL 33712**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3632478</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>NIZNIK, ROBERT REV. RT.</b> <b>6616 28TH ST SOUTH</b> <b>ST. PETERSBURG FL 33712</b>		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 *Robert Niznik*      **3-30-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Change is required upon registration.)      **RT. REV. ROBERT NIZNIK**      DATE

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution.       \$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	<b>P</b> <b>NIZNIK, ROBERT REV. RT.</b> <b>6616 28TH ST SOUTH</b> <b>ST. PETERSBURG FL 33712</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VP</b> <b>BEZLER, GEORGE REV.</b> <b>6616 28TH ST. SOUTH</b> <b>ST. PETERSBURG FL 33712</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>SD</b> <b>ARSENAULT, REBEKAH</b> <b>1111 BAYSHORE BLVD.</b> <b>CLEARWATER FL 34619</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <b>STANTE, MAURICE</b> <b>751 42ND AVE. NE</b> <b>ST. PETERSBURG FL 33703</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <b>GILLINGHAM, JOHANNA</b> <b>3895 50TH AVE. S.</b> <b>ST. PETERSBURG FL 33711</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemption stated in Section 119.07(3)(i), 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: *Robert Niznik*      **3-30-03**      **727, 865- 6279**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)