FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90978 025 ***150.00

DOCUMENT # P00000005127

1. Entity Name
The Parish News, Inc.

DO NOT WRITE IN THIS SPACE

11021875

2. Principal Place of Business	3. Mailing Address
10637 SE Rosemarie Ct.	10637 SE Rosemarie Ct.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0975499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Barbara A. Pond

Street Address (P.O. Box Number is Not Acceptable):
1432 S. Lakeside Dr. #8

City: Lake Worth FL Zip Code: 33460

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: Barbara A Pond 4-22-03
Signature, Typed or Printed Name of Registered Agent and Title if Applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President / Secretary
NAME	Barbara W. Pond
STREET ADDRESS	10637 SE Rosemarie Ct.
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	CEO / Treasurer
NAME	Barbara A. Pond
STREET ADDRESS	1432 S. Lakeside Dr #8
CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E053(8/12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE: Barbara A Pond 4-22-03 (561) 588-7893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #