

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 739879 (5)

95 MAR 13 AM 11: 05

1. Corporation Name
ST. MARY'S CHURCH, INC.

Principal Place of Business Mailing Address
4311 SAN MIGUEL TAMPA FL 33629 4311 SAN MIGUEL TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/10/1977 3a. Date of Last Report 08/15/1994
4. FEI Number 59-0766994 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HANNA, LINDA C.
120 HYDE PARK PLACE
SUITE 100
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MAY, LYNDE E. I
STREET ADDRESS 2505 YSABELLA
CITY-ST-ZIP TAMPA FL
TITLE VDX
NAME ~~SIMBENEY, JAMES~~
STREET ADDRESS ~~4916 NEW BROWDER AVE~~
CITY-ST-ZIP ~~TAMPA FL 33606~~
TITLE SD
NAME COLSON-MILLER, JACKIE
STREET ADDRESS 2611 SOUTH DUNDEE
CITY-ST-ZIP TAMPA, FL 00000
TITLE TD
NAME MENARD, BEVERLY
STREET ADDRESS 4511 SAN RAFAEL
CITY-ST-ZIP TAMPA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE VD Change Addition
2.2 NAME ANDRETTA, EVELYNE
2.3 STREET ADDRESS 3902 WEST SAN RAFAEL STREET
2.4 CITY-ST-ZIP TAMPA, FLORIDA 33629-5807
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lynde E. May* Lynde E. May, President 2/27/95 251-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR