

NON WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 FEE: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

PLEASE ON

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739879 (5)

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



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Same as above		26 Same as above		08/10/1977		02/16/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-0766994		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		<input type="checkbox"/>		<input type="checkbox"/>	
26		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
28		29		Trust Fund Contribution		<input type="checkbox"/>	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANNA, LINDA C. 600 S MAGNOLIA AVE SUITE 125 TAMPA FL 33606				81 Name Leenetta Blanton			
				82 Street Address (P.O. Box Number is Not Acceptable) 3407 W. Morrison Avenue			
				83 Tampa			
				84 City FL 85 Zip Code 33629			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leenetta Blanton Leenetta Blanton 8-26-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Kevin Francis Donlon PDX Change <input type="checkbox"/> Addition
NAME	MAY, LYNDE E. I	1.2 NAME	3311 San Jose
STREET ADDRESS	2505 YSABELLA	1.3 STREET ADDRESS	Tampa, FL 33629
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Matt Valaes VD Change <input checked="" type="checkbox"/> Addition
NAME	ANDRETTA, EVELYNE	2.2 NAME	4522 Watrous Avenue
STREET ADDRESS	1VD2 WEST SAN RAFAEL STREET	2.3 STREET ADDRESS	Tampa FL 33629
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMAN, MARGOT	3.2 NAME	
STREET ADDRESS	3501 BAYSHORE BLVD, #805	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENARD, BEVERLY	4.2 NAME	
STREET ADDRESS	4511 SAN RAFAEL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Matt Valaes SIGNATURE REQUIRED 8-28-97 (412) 251-1111

CR2E037 (4/97)