FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739879

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	
Principal Place of Business The Principal Place of Business	2a. Mailing Address	3. Date Incor 08/10/19
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-0766
City & State	City & State	F 6 115 11

FILED Mar 01, 1999 8:00 am § Secretary of State

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				-		,
Principal Place of Business Mailing Address						
4311 SAN MIGUEL TAMPA FL 33629 4311 SAN MIGUEL TAMPA FL 33629						
						\$1.44 3 Table
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 32 \$3
21		26				08/10/1977
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number . Applied For
22		27				59-0766994 £ 2012 Not Applicable
City & Stat	e	City & State				5. Certificate of Status Desired Sta
Zip	Country	Zip	Co	untry		6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		I		10. Name and Address of New Registered Agent 🚓
				81	Name	
BLANTON	, LEENETTA			82	Street A	Address (P.O. Box Number is Not Acceptable)
	IORRISON AVE			83		*
tampa fi	_ 33629					
				84	City	FL 85 Zip Code
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fit	orida Sta	itutes.		oration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DÉLETE	- 1	TITLE		☐ Change ☐ Addition
NAME	DONLON, KEVIN FRANCIS			NAME		
STREET ADDRESS				1.3 STREET ADO		
CITY-ST-ZIP	TAMPA FL	DELETE	_	CITY-ST	r-ZIP	VY⊃ ☐ Change ✓ Addition
TITLE	VD	A Sereic		TITLE]	
NAME	VALAES, MATT			NAME		Quinlan, JAMes G. 4537 W. Swann Ave.
STREET ADDRESS			l		ADDRESS	Tampa, FL 3364-3721
CITY-ST-ZIP	TAMPA FL	☐ DELETE		CITY-S	1-212	☐ Change ☐ Addition
	SD MADGOT			NAME		
NAME STREET ADDRESS	Trautman, Margot 3501 Bayshore Blvd. #605				ADORESS	
•	TAMPA, FL 00000			CITY-S	1	
CITY-ST-ZIP	TD	☐ DELETE	_	TITLE	1-21	☐ Change ☐ Addition
NAME	MENARD, BEVERLY	_		NAME		
STREET ADDRESS			•		ADDRESS	
CITY-ST-ZIP	TAMPA FL			CITY-ST		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition
NAME			5.2	NAME	}	
STREET ADDRESS		-	5.3	STREET	ADDRESS	
CITY-ST-ZIP			5.4	CITY-\$1	r-ZIP	

14. 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 annual report or suppliemental 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

R6 SAN 98 813-251-1660

Addition

Change