

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:33

DOCUMENT # **N93000004889 (2)**

1. Corporation Name

ST. MARY'S TRADITIONAL ROMAN CATHOLIC CHURCH, IN C.

Principal Place of Business

Mailing Address

1859 NORTHGATE BLVD.
SUITE 2
SARASOTA FL 34234
US

1859 NORTHGATE BLD.
SUITE 2
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/01/1993** 3a. Date of Last Report **06/14/1994**

4. FEI Number **65-0445522** 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

10. Name and Address of New Registered Agent

HOWARD, J. CAMPBELL JR.
5839 GARDEN LAKES DRIVE
BRADENTON FL 34203

81 Name **ANTON R. METZGER**

82 Street Address (P.O. Box Number is Not Acceptable)
7005 11th AVE WEST

83

84 City **BRADENTON**

FL

85 Zip Code **34209**

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 **ANTON R. METZGER TR/AG.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

Anton R. Metzger

DATE **2/8/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALERGA, STAN
STREET ADDRESS	29 CAPTIVA DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	DPT
NAME	HOWARD, J. CAMPBELL JR.
STREET ADDRESS	5839 GARDEN LAKES DR.
CITY-ST-ZIP	BRADENTON FL 34203
TITLE	DV
NAME	WARING, EDWARD J
STREET ADDRESS	4133 ROSAS AVE.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	S
NAME	WALLACE, RITA T.
STREET ADDRESS	9385 HAWKSMOOR LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	DT
NAME	ROBINSON, LEE M
STREET ADDRESS	4011 78TH DRIVE EAST
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	DS
NAME	HOWARD, MIRIAM D
STREET ADDRESS	5839 GARDEN LAKES DRIVE
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALERGA, STAN	
1.3 STREET ADDRESS	29 CAPTIVA DR	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE	TR/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANTON R. METZGER	
2.3 STREET ADDRESS	7005 11th AVE WEST	
2.4 CITY-ST-ZIP	BRADENTON, FL 34209	
3.1 TITLE	TR/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EVELYN T.A. MCGUINNESS	
3.3 STREET ADDRESS	1298 MCKINLEY DR.	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
4.1 TITLE	TR/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUY SAUARESE	
4.3 STREET ADDRESS	3220 CHICAGO AVE.	
4.4 CITY-ST-ZIP	BRADENTON, FL 34207	
5.1 TITLE	TR/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REGINA BRENNAN	
5.3 STREET ADDRESS	3204 VIVIENNA BLVD	
5.4 CITY-ST-ZIP	BRADENTON, FL 34207	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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:

Anton R. Metzger President
ANTON R. METZGER

DATE **2/8/95**

(813)
795-8448
Division Office #