

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/01/1993**

3a. Date of Last Report  
**03/27/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**GUMIENNY, RT. REV MSGR R  
5011 VILLAGE GARDENS DRIVE  
SARASOTA FL 34234**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>GUMIENNY, RT REV MSGR RO</b>	
STREET ADDRESS	<b>5011 VILLAGE GARDENS DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MALONEY, JACK</b>	
STREET ADDRESS	<b>6620 GEORGIA AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>TT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRENNAN, FRANCIS</b>	
STREET ADDRESS	<b>3204 VIVIENDA BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASBURN, BARBARA</b>	
STREET ADDRESS	<b>8991 SILKWORM COURT</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, DON</b>	
STREET ADDRESS	<b>2854 BROWNING STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRENNAN, REGINA</b>	
STREET ADDRESS	<b>3204 VIVIENDA BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PINTZOW, REBECCA J.</b>	
1.3 STREET ADDRESS	<b>3223 LOCKWOOD RIDGE RD #198</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: **Rt. Rev. Msgr. R. G. Gumeny** 4/15/97 739-10300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070657

CR2E037 (9/96)