

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004889 (2)**

1. Corporation Name

ST. MARY'S TRADITIONAL ROMAN CATHOLIC CHURCH, INC.



Principal Place of Business 1859 NORTHGATE BLVD. SUITE 2 SARASOTA FL 34234 US	Mailing Address 1859 NORTHGATE BLD. SUITE 2 SARASOTA FL 34234 US
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3. Date Incorporated or Qualified 11/01/1993		
4. FEI Number 65-0445522	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 6323 14th Street West	2a. Mailing Address 26 6323 14th Street West
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bradenton, FL	City & State 28 Bradenton, FL
Zip 24 34207	Country 25 U.S.
Zip 29 34207	Country 30 U.S.

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 GUMIENNY, RT. REV MSGR R 5011 VILLAGE GARDENS DRIVE SARASOTA FL 34234	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUMIENNY, RT REV MSGR RO		1.2 NAME	
STREET ADDRESS 5011 VILLAGE GARDENS DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE TVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONEY, JACK		2.2 NAME	
STREET ADDRESS 6620 GEORGIA AVENUE WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE TT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRENNAN, FRANCIS		3.2 NAME	
STREET ADDRESS 3204 VIVENDA BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINTZOW, REBECCA J		4.2 NAME	
STREET ADDRESS 3223 LOCKWOOD RIDGE RD., #198		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, DON		5.2 NAME	
STREET ADDRESS 2854 BROWNING STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

STD Herman Pintzow 3223 N. Lockwood Rg. Rd #198 Sarasota, FL 34234
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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 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: *Herman Pintzow* **HERMAN PINTZOW** 4-3-98 941-739-6300

CR2E037 (10/97)