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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, 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**

3. Date Incorporated or Qualified

11/01/1993

4. FEI Number

65-0445522

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

6323 14th Street West

6323 14th Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip

34207

Country

U.S.

Zip

34207

Country

U.S.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **GUMIENNY, RT REV MSGR RO**
STREET ADDRESS **5011 VILLAGE GARDENS DRIVE**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TVP** ☐ DELETE

NAME **MALONEY, JACK**
STREET ADDRESS **6620 GEORGIA AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **TT** ☒ DELETE

NAME **BRENNAN, FRANCIS**
STREET ADDRESS **3204 VIVENDA BLVD**
CITY-ST-ZIP **SARASOTA FL**

1.3 STREET ADDRESS ☐ Change ☒ Addition

TITLE **STD** ☐ DELETE

NAME **PINTZOW, REBECCA J**
STREET ADDRESS **3223 LOCKWOOD RIDGE RD., #198**
CITY-ST-ZIP **SARASOTA FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **CRAWFORD, DON**
STREET ADDRESS **2854 BROWNING STREET**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

STD ☐ Change ☒ Addition
Herman Pintzow
3223 N. Lockwood Rg. Rd #198
Sarasota, FL 34234

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)