

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004889

1. Entity Name

ST. MARY'S TRADITIONAL ROMAN CATHOLIC CHURCH, IN

Principal Place of Business

6323 14TH STREET WEST
BRADENTON FL 34207
US

Mailing Address

6323 14TH STREET WEST
BRADENTON FL 34207-4806
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0445522

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME GUMIENNY, RT REV MSGR RO
STREET ADDRESS 5011 VILLAGE GARDENS DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE TID ☐ Change ☒ Addition
NAME McMONAGLE JAMES
STREET ADDRESS 121 TIDEWATER DRIVE
CITY-ST-ZIP BRADENTON, FL. 34210

TITLE TVP ☐ Delete
NAME MALONEY, JACK
STREET ADDRESS 6620 GEORGIA AVENUE WEST
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STTD ☐ Delete
NAME PINTZOW, HERMAN
STREET ADDRESS 3223 N LOCKWOOD RG. RD #198
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CRAWFORD, DON
STREET ADDRESS 2854 BROWNING STREET
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-00

734-6300

CR2E037 (9/99)