

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90161 008 ****70.00

DOCUMENT # N93000004889

1. Entity Name

ST. MARY'S TRADITIONAL ROMAN CATHOLIC CHURCH, IN

Principal Place of Business

Mailing Address

6323 14TH STREET WEST
 BRADENTON FL 34207
 US

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

4. FEI Number

65-0445522

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	GUMIENNY, RT REV MSGR RO	
STREET ADDRESS	5011 VILLAGE GARDENS DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	MALONEY, JACK	
STREET ADDRESS	6620 GEORGIA AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STTD	<input type="checkbox"/> Delete
NAME	PINTZOW, HERMAN	
STREET ADDRESS	3223 N LOCKWOOD RG. RD #198	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PINTZOW, REBECCA J	
STREET ADDRESS	3223 LOCKWOOD RIDGE RD., #198	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRAWFORD, DON	
STREET ADDRESS	2854 BROWNING STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMONAGLE JAMES	
STREET ADDRESS	121 TIDEWATER DRIVE	
CITY-ST-ZIP	BRADENTON, FL. 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert J. E. Spinning*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-27-00** Daytime Phone #: **739-6300**

CR2E037 (9/99)