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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003222**

1. Corporation Name

THE SAINT MARIA GORETTI GUILD, INC.

Principal Place of Business	Mailing Address
5203 SW 20TH STREET 6544 S.W. SR 200 OCALA FL 34476 US	PO BOX 770703 6544 S.W. SR 200 OCALA FL 34477-703 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/26/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3395926 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BULLARD, J. WARREN
121 N.W. THIRD STREET
OCALA FL 34475

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	STODDARD, JEAN		1.2 NAME	Polk, Dolores	
STREET ADDRESS	3910 S.W. 22ND ST		1.3 STREET ADDRESS	5293 NW 19th PL	
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-ST-ZIP	Ocala FL 34482	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DEVINE, PATRICK		2.2 NAME	Gariepy, George	
STREET ADDRESS	6868 SW 111 LOOP		2.3 STREET ADDRESS	11555 SW 71st Terr Rd	
CITY-ST-ZIP	OCALA FL 34476		2.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DEVINE, ROSE		3.2 NAME	Gariepy, Dolores	
STREET ADDRESS	6868 SW 111 LOOP		3.3 STREET ADDRESS	11.555 SW 71st Terr Rd	
CITY-ST-ZIP	OCALA FL 34476		3.4 CITY-ST-ZIP	Ocala, FL 34476	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BERKELEY, JAMES		4. 2 NAME	Jean Kisorewich	
STREET ADDRESS	8680 S.W. 94TH LANE		4.3 STREET ADDRESS	5511, NW 80th Ave Rd	
CITY-ST-ZIP	OCALA FL 34481		4.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BERKELEY, RUBY		5.2 NAME	John Podlaski	
STREET ADDRESS	8680 S.W. 94TH LANE		5.3 STREET ADDRESS	2721 SE 23rd Ave	
CITY-ST-ZIP	OCALA FL 34481		5.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, WILLIAM		6.2 NAME		
STREET ADDRESS	4880 SW 36TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Dolores Polk SIGNATURE REQUIRED Dolores Polk 2-10-99 352-402-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR