

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91038 001 \*\*\*\*61.25

**DOCUMENT # N96000003222**

1. Entity Name

THE SAINT MARIA GORETTI GUILD, INC.



Principal Place of Business

5203 SW 20TH STREET  
6544 S.W. SR 200  
OCALA FL 34476  
US

Mailing Address

PO BOX 770703  
6544 S.W. SR 200  
OCALA FL 34477-703  
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

59-3395926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete  
NAME POLK, DOLORES  
STREET ADDRESS 5293 N.W. 19TH PLACE  
CITY-ST-ZIP Ocala FL 34482

TITLE D ☐ Delete  
NAME O'DOHERTY, PATRICK J  
STREET ADDRESS 6455 SW SR 200  
CITY-ST-ZIP Ocala FL 34476

TITLE P ☒ Delete  
NAME INFLANDE, JOHN  
STREET ADDRESS 8506 E SW 93RD ST  
CITY-ST-ZIP Ocala FL 34481

TITLE D ☐ Delete  
NAME LLUONGO, EDWARD *President*  
STREET ADDRESS 11586 SW 69TH CIR  
CITY-ST-ZIP Ocala FL 34476

TITLE D ☐ Delete  
NAME PODLASKI, JOHN  
STREET ADDRESS 2721 S.E. 23RD AVENUE  
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ Delete  
NAME O'BRIEN, WILLIAM  
STREET ADDRESS 4880 SW 36TH ST  
CITY-ST-ZIP Ocala FL 34474

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Secretary, D* ☐ Change ☒ Addition  
NAME *Joan Luongo*  
STREET ADDRESS *11586 SW 69th CIR*  
CITY-ST-ZIP *Ocala, FL 34476*

TITLE D ☐ Change ☒ Addition  
NAME *Thomas Gillen*  
STREET ADDRESS *5806 SW 111th PL Rd*  
CITY-ST-ZIP *Ocala, FL 34476*

TITLE *Mrs. Gillen* ☐ Change ☒ Addition  
NAME *5806 SW 111th PL Rd*  
STREET ADDRESS *Ocala, FL 34476*  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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

4-22-04

Date

352-402-9404

Daytime Phone #