

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 025 ****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

00020176



1st MOORE

CR2E037 (10/04)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005

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	<input type="checkbox"/> Delete
NAME	POLK, DOLORES	
STREET ADDRESS	5293 N.W. 19TH PLACE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DOHERTY, PATRICK J	
STREET ADDRESS	6455 SW SR 200	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUONGO, JOAN	
STREET ADDRESS	11586 SW 69TH CIR	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	P	<input type="checkbox"/> Delete
NAME	LLUONGO, EDWARD	
STREET ADDRESS	11586 SW 69TH CIR	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	PODLASKI, JOHN	
STREET ADDRESS	2721 S.E. 23RD AVENUE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> 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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Gillen	
STREET ADDRESS	5806 SW 106 PL Rd	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Gillen	
STREET ADDRESS	5806 SW 106 PL Rd	
CITY-ST-ZIP	OCALA, FL 34476	
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: *Dolores Polk* *Dolores Polk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 *(352) 402-9404*

Date

Daytime Phone #