

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90009 045 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP

CR2E037 (4/06)

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

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

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IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DRAKE, DANIEL J  
11587 S.W. 72ND CIRCLE  
OCALA, FL 34476

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LUONGO, JOAN  
11586 SW 69TH CIR  
OCALA, FL 34476

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LUONGO, EDWARD LUONGO  
11586 SW 69TH CIR  
OCALA, FL 34476

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILLEN, THOMAS  
5806 S.W. 111TH PLACE ROAD  
OCALA, FL 34476

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Daniel J Drake* DANIEL J DRAKE

01-30-07 352-237-3985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #