2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N96000003222

Entity Name: THE SAINT MARIA GORETTI GUILD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 770703
6544 S.W. SR 200
OCALA, FL 34477703 US

New Mailing Address:

FEI Number: 59-3395926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	DRAKE, DANIEL J	
Address:	11587 S.W. 72ND CIRCLE	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	O'DOHERTY, PATRICK J	
Address:	6455 SW SR 200	
City-St-Zip:	OCALA, FL 34476	
Title:	SD	( ) Delete
Name:	LUONGO, JOAN	
Address:	11586 SW 69TH CIR	
City-St-Zip:	OCALA, FL 34476	
Title:	P	( ) Delete
Name:	LUONGO, EDWARD	
Address:	11586 SW 69TH CIR	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	PODLASKI, JOHN	
Address:	2721 S.E. 23RD AVENUE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	GILLEN, THOMAS	
Address:	5806 S.W. 111TH PLACE ROAD	
City-St-Zip:	OCALA, FL 34476	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. DRAKE TD 01/13/2009

Electronic Signature of Signing Officer or Director — Date