

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90147 013 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES



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**

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          | P                     | <input type="checkbox"/> Delete |
| NAME           | INFLANDE, JOHN        |                                 |
| STREET ADDRESS | 8506 E SW 93RD ST     |                                 |
| CITY-ST-ZIP    | OCALA FL 34481        |                                 |
| TITLE          | D                     | <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           | Joan Luongo          |  |
| STREET ADDRESS | 11586 SW 69th Circle |  |
| 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    |                      |  |
| 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**

4-21-03

352-402-9404

CR2E037 (10/02)