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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morjham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24228 (1)

1. Corporation Name
SHRINE OF FATIMA AND SAINT CAJETAN, INC.



Principal Place of Business: 10360 ATLANTA AVE. BROOKSVILLE FL 34614 US
Mailing Address: P.O. BOX 3215 SPRING HILL FL 34611-0963 US

3. Date incorporated or Qualified: 01/06/1988
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.
4. FEI Number: 59-2865136
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GOTTLIEB & GOTTLIEB P.A., 2475 ENTERPRISES RD., STE. #100, CLEARWATER FL 34623
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONET, ANDREW A.	1.2 NAME	<i>Mc Kee, Katherine A.</i>
STREET ADDRESS	10455 ATLANTA AVE	1.3 STREET ADDRESS	<i>1101 Virginia Ave</i>
CITY - ST - ZIP	BROOKSVILLE FL 34814	1.4 CITY - ST - ZIP	<i>St. Cloud Florida 34769</i>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUETTLER, GEORGE E.	2.2 NAME	
STREET ADDRESS	2421 S. BROCKSMITH	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL 33451	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUETTLER, JEAN	3.2 NAME	
STREET ADDRESS	2421 S. BROCKSMITH	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL 33451	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANDOWSKI, LOUIS J.	4.2 NAME	
STREET ADDRESS	525 S. JACKSON STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREEN BAY WI 54301	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNI, CLAUDETTE	5.2 NAME	
STREET ADDRESS	12272 EAKIN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34614	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, EDNA	6.2 NAME	
STREET ADDRESS	1908 LENNOX AVE E.	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34683	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claudette Vanni* DATE: *4/6/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)