

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
cv-1007 1998



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

DOCUMENT # N24228
1. Corporation Name
SHRINE OF FATIMA ANN SAINT CAJETAN, INC.

Principal Place of Business: Shrine of Fatima, 9 Saint Cajetan Inc, 10360 Atlanta Ave, Brooksville FL 34614
Mailing Address: (Rectoria) 10455 Atlanta Ave, Brooksville FL 34614

21. Principal Place of Business: Shrine of Fatima, 10360 Atlanta Ave, Brooksville FL 34614
22. City & State: Brooksville FL
23. Zip: 34614
24. Country: U.S.A.
25. State: FL
26. City & State: Brooksville FL
27. City & State: ATLANTA FL
28. City & State: Brooksville Florida
29. Zip: 34614
30. Country: U.S.A.

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number
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.
attorneys and counselors at law
2475 Enterprise Rd, Suite 100
Clearwater Florida 33763

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	Bonet Andrew A C.R. (title)
NAME	Bonet Andrew A C.R. (title)
STREET ADDRESS	10455 Atlanta Avenue
CITY-ST-ZIP	Brooksville Florida 34614
TITLE	Smuttler George Ego (title)
NAME	Smuttler George Ego (title)
STREET ADDRESS	2421 S. Brooksmith Road
CITY-ST-ZIP	Fort Pierce Florida 34945
TITLE	Smuttler Jean (title)
NAME	Smuttler Jean (title)
STREET ADDRESS	2421 S. Brooksmith Road
CITY-ST-ZIP	Fort Pierce Florida 34945
TITLE	Zewandowski Louis J. (title)
NAME	Zewandowski Louis J. (title)
STREET ADDRESS	525 S. Jackson Street
CITY-ST-ZIP	Green Bay WI 54301
TITLE	Vanni Claudette (title)
NAME	Vanni Claudette (title)
STREET ADDRESS	12272 Eakin Street
CITY-ST-ZIP	Brooksville Florida 34614
TITLE	Thymmons Edna (title)
NAME	Thymmons Edna (title)
STREET ADDRESS	1908 Gennep Ave S.
CITY-ST-ZIP	Palm Harbor FL 34683

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mc Kee Katherine (title)
1.2 NAME	Mc Kee Katherine (title)
1.3 STREET ADDRESS	1401 Virginia Avenue
1.4 CITY-ST-ZIP	St Cloud Florida 34769
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 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 CLAUDETTE VANNI 3/17/98
Secretary & Member & Director of Corporate Board

CR2E037 (9/96)