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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90054 005 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24228**

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

Principal Place of Business 10360 ATLANTA AVE. BROOKSVILLE FL 34814 US	Mailing Address RECTORY 10455 ATLANTA AVE BROOKSVILLE FL 34614 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/06/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2865136
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**GOTTLIEB & GOTTLIEB P.A.**  
**2475 ENTERPRISES RD.**  
**STE. #100**  
**CLEARWATER FL 33763**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BONET, ANDREW A.	
STREET ADDRESS	10455 ATLANTA AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUETTLER, GEORGE E.	
STREET ADDRESS	2421 S. BROCKSMITH	
CITY-ST-ZIP	FT. PIERCE FL 33451	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUETTLER, JEAN	
STREET ADDRESS	2421 S. BROCKSMITH	
CITY-ST-ZIP	FT. PIERCE FL 33451	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWANDOWSKI, LOUIS J.	
STREET ADDRESS	525 S. JACKSON STREET	
CITY-ST-ZIP	GREEN BAY WI 54301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANNI, CLAUDETTE	
STREET ADDRESS	12272 EAKIN ST	
CITY-ST-ZIP	BROOKSVILLE FL 34614	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, EDNA	
STREET ADDRESS	1908 LENNOX AVE E.	
CITY-ST-ZIP	PALM HARBOR FL 34683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Fitzsimmons Edna</i>
1.3 STREET ADDRESS	<i>1908 Lennox Ave E</i>
1.4 CITY-ST-ZIP	<i>PALM HARBOR, FL 34683</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>McKee, Katherine Alice</i>
2.3 STREET ADDRESS	<i>1401 VIRGINIA AVE</i>
2.4 CITY-ST-ZIP	<i>ST CLOUD FLORIDA 34769</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Claudette Vanni* **SIGNATURE REQUIRED** Date: *2/7/99* Daytime Phone # \_\_\_\_\_

C92F037 (11/98)