

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90001 046 ****70.00

DOCUMENT # N24228
 1. Entity Name
SHRINE OF FATIMA AND
SAINT CAJETAN, INC.

Principal Place of Business Mailing Address
10455 ATLANTA AVE 10455 ATLANTA AVE
BROOKSVILLE FLORIDA 34614 BROOKSVILLE FL 34614

2. Principal Place of Business 3. Mailing Address
10360 ATLANTA AVE 10455 ATLANTA AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Brooksville FL Brooksville FL
 Zip Country Zip Country
34614 U.S.A. 34614 FLORIDA

4. FEI Number Applied For
59-2865136 Not Applicable
 Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Gottlieb & Gottlieb P.A.
ATTORNEYS & COUNSELORS AT LAW
2475 ENTERPRISE ROAD SUITE 100
CLEARWATER FLORIDA 33763

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT / CHAIRMAN</u>	<input type="checkbox"/> Delete
NAME	<u>GUETTLER George E. Dir</u>	
STREET ADDRESS	<u>2421 S. BROCKSMITH RD.</u>	
CITY-ST-ZIP	<u>FORT PIERCE FL 34945</u>	
TITLE	<u>SECRETARY / VICE PRESIDENT DIR</u>	
NAME	<u>CLAUDETTE VANNI</u>	
STREET ADDRESS	<u>12272 EAKIN ST</u>	
CITY-ST-ZIP	<u>BROOKSVILLE FL 34614</u>	
TITLE	<u>TREASURER</u>	<input type="checkbox"/> Delete
NAME	<u>EDNA FITZSIMMONS Dir</u>	
STREET ADDRESS	<u>6908 LENNOX RD EAST</u>	
CITY-ST-ZIP	<u>PALM HARBOR FL 34683</u>	
TITLE	<u>Trustee</u>	<input type="checkbox"/> Delete
NAME	<u>Jean Guetler</u>	
STREET ADDRESS	<u>2421 S. Brocksmith Rd.</u>	
CITY-ST-ZIP	<u>Fort Pierce FL 34945</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: Claudette Vanni CLAUDETTE VANNI SECRETARY & VICE PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)