

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24228

FILED
Apr 28, 2007
Secretary of State

Entity Name: SHRINE OF FATIMA AND SAINT CAJETAN, INC.

Current Principal Place of Business:

10360 ATLANTA AVE.
BROOKSVILLE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

10455 ATLANTA AVE
BROOKSVILLE, FL 34614 US

New Mailing Address:

FEI Number: 59-2865136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITZSIMMONS, EDNA
Address: 9470 NAROMA WAY
City-St-Zip: BROOKSVILLE, FL 34613

Title: DT () Delete
Name: WRIGHT, JAMES M REV.
Address: 10455 ATLANTA AVE.
City-St-Zip: BROOKSVILLE, FL 34614

Title: D () Delete
Name: ARRIOLA, ANNA MARIA
Address: 1165 MIRAGE AVE.
City-St-Zip: BROOKSVILLE, FL 34614

Title: CS () Delete
Name: VANNI, CLAUDETTE
Address: 12272 EAKIN ST
City-St-Zip: BROOKSVILLE, FL 34614

Title: TR () Delete
Name: SCHNEIDER, DIANE
Address: 10059 BEDFORD ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: TR () Delete
Name: DONAIRE, SUSANA T MDPA
Address: 730 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JAMES M. WRIGHT

DT

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date