

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90049 023 ****61.25

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DOCUMENT # N39111
1. Entity Name
MAGNIFICAT, INC., TAMPA CHAPTER OF THE DIOCESE O

Principal Place of Business C/O MARY M. GARCIA 2113 ERNA DRIVE TAMPA FL 33603	Mailing Address C/O MARY M. GARCIA 2113 ERNA DRIVE TAMPA FL 33603
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00037078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3074611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GARCIA, MARY M.
2113 ERNA DRIVE
TAMPA FL 33603

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	QUIGLEY, MARY A.
STREET ADDRESS	14717 DAYBREAK DRIVE
CITY-ST-ZIP	LUTZ FL
TITLE	D <input type="checkbox"/> Delete
NAME	ULRIKSEN, KATHY
STREET ADDRESS	404 BROXBURN AVENUE
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	D <input type="checkbox"/> Delete
NAME	GONZALEZ, ELEANOR
STREET ADDRESS	1408 N WESTSHORE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MATHESON, EVE
STREET ADDRESS	5153 SAN JOSE
CITY-ST-ZIP	TAMPA FL 33629
TITLE	T <input type="checkbox"/> Delete
NAME	PLAZAK, PAM
STREET ADDRESS	18542 OTTERWOOD AVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, MARY M.
STREET ADDRESS	2113 ERNA DRIVE
CITY-ST-ZIP	TAMPA FL

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: *Pamela J. Plazak* **Pamela J. Plazak** 3-20-01 813-973-3675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)