2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N39111 1. Entity Name MAGNIFICAT, INC., TAMPA CHAPTER OF THE 04-12-2004 90247 032 ****61.25 DIOCESE OF ST. PETERSBURG, FLORIDA Principal Place of Business Mailing Address C/O MARY M. GARCIA 2113 ERNA DRIVE TAMPA FL 33603 C/O MARY M. GARCIA 2113 ERNA DRIVE TAMPA FL 33603 ~ * ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3074611 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gonzalez, Eleanor GARCIA, MARY M. Address (P.O. Box Number is Not Acceptable) 2113 ERNA DRIVE 1004 D **TAMPA FL 33603** Florida City Zip Code 33629 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Regist ed Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DIDE Delete TITLE Addition Rodriguez, Yvonne 8003 Lago Vista Dr. QUIGLEY, MARY A. NAME NAME 14717 DAYBREAK DRIVE STREET ADDRESS STREET ADDRESS LUTZ FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TID F ☐ Change ☐ Addition ULRIKSEN, KATHY NAME NAME 9804 N. OREGON AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Conzalez, Eleanor 3301 Bay Share Blvd # 1004 10 GONZALEZ, ELÉANOR NAME 1408 N WESTSHORE STREET ADDRESS STREET ADDRESS TAMPA FL 33629 CITY-ST-ZIP Tampa, Fl CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MATHESON, EVE NAME NAME 5153 SAN JOSE STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition PLAZAK, PAM NAME NAME 18542 OTTERWOOD AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Change ☐ Addition GARCIA, MARY M. NAME NAME 2113 ERNA DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-7IP 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.

Pame la). Plazak 4-8-2004 813-973-3675
ER OR DIRECTOR
Date
Daylime Phone #

FILED