


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90135 034 \*\*\*\*61.25

**DOCUMENT # N39111**  
 1. Entity Name  
**MAGNIFICAT, INC., TAMPA CHAPTER OF THE DIOCESE OF ST. PETERSBURG, FLORIDA**



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**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4004340



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3074611**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GONZALEZ, ELEANOR  
 3301 BAYSHORE BLVD #1004 D  
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent  
 Name  
**ELEANOR GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3301 Bayshore Blvd. #1004 D**  
 City Tampa FL 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 *Eleanor Gonzalez* **ELEANOR GONZALEZ** DATE

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIQUEZ, YVONNE 8003 LAGO VISTA DR TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRIKSEN, KATHY 9804 N. OREGON AVENUE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ELEANOR 3301 BAYSHORE BLVD #1004-D TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLAZAK, PAM 18542 OTTERWOOD AVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Eleanor Gonzalez* **ELEANOR GONZALEZ** Date *March 30, 2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #