

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N39111

1. Entity Name

MAGNIFICAT, INC., TAMPA CHAPTER OF THE DIOCESE OF ST. PETERSBURG, FLORIDA



Principal Place of Business

Mailing Address

C/O ELEANOR GONZALEZ
 3301 BAYSHORE BLVD #1004 D
 TAMPA FL 33629

C/O ELEANOR GONZALEZ
 3301 BAYSHORE BLVD #1004 D
 TAMPA FL 33629



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

GONZALEZ, ELEANOR
 3301 BAYSHORE BLVD #1004 D
 TAMPA FL 33629

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Eleanor Gonzalez

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

3-23-2007

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input type="checkbox"/> Delete
S	RODRIQUEZ, YVONNE	8003 LAGO VISTA DR	TAMPA FL 33614	<input type="checkbox"/>
D	ULRIKSEN, KATHY	9804 N. OREGON AVENUE	TAMPA FL 33612	<input type="checkbox"/>
D	GONZALEZ, ELEANOR	3301 BAYSHORE BLVD #1004-D	TAMPA FL 33629	<input type="checkbox"/>
T	PLAZAK, PAM	18542 OTTERWOOD AVE	TAMPA FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 01/02/07-80062-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-23-2007

813-891-7522