

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39111

FILED
Apr 28, 2003
Secretary of State

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

Current Principal Place of Business:

C/O MARY M. GARCIA
2113 ERNA DRIVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

C/O MARY M. GARCIA
2113 ERNA DRIVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3074611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARY M.
2113 ERNA DRIVE
TAMPA, FL 33603

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: QUIGLEY, MARY A.,
Address: 14717 DAYBREAK DRIVE
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: ULRIKSEN, KATHY,
Address: 9804 N. OREGON AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: GONZALEZ, ELEANOR,
Address: 1408 N WESTSHORE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MATHESON, EVE
Address: 5153 SAN JOSE
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: PLAZAK, PAM
Address: 18542 OTTERWOOD AVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: GARCIA, MARY M.,
Address: 2113 ERNA DRIVE
City-St-Zip: TAMPA, FL

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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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: MARY M. GARCIA

Electronic Signature of Signing Officer or Director

DIRE

04/28/2003

_____ Date