2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90060 044 ****70.00

DOCUMENT # N96000003019

1. Entity Name

ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO A MERICA, INC.

Principal Place of Business	Mailing Address
35 TREASURY ST ST AUGUSTINE FL 32084	1301 RIVERPLACE BOULEVARD. SUITE 1904 JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24 CATHEDRAL PLACE	
Suite, Apt. #, etc.: SUITE 307	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State
Zip: 32084 Country: USA	Zip Country

4. FEI Number 59-3426484 ☐ 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
POWERS, NANCY M 1301 RIVERPLACE BOULEVARD, SUITE 1904 JACKSONVILLE FL 32207	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RITCHIE, MITCHELL S 5615 SAN JUAN AVE #312 JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMBANA ARAGNO, JOYCE 35 TREASURY ST SAINT AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O LOMBANA ARAGNO, JOYCE 24 CATHEDRAL PLACE, STE 307 ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWERS, NANCY M 1301 RIVERPLACE BLVD, STE 1904 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARAGNO, ALBINO 35 TREASURY ST SAINT AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O ARAGNO, ALBINO 24 CATHEDRAL PLACE, STE 307 ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 1/14/02 904-398-5400
Nancy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #