

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90078 050 ****70.00

DOCUMENT # N96000003019 1. Entity Name ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO AMERICA, INC.					
Principal Place of Business 24 CATHEDRAL PLACE SUITE 307 ST AUGUSTINE, FL 32084 US			Mailing Address 1301 RIVERPLACE BOULEVARD, SUITE 1904 JACKSONVILLE, FL 32211		
2. Principal Place of Business 1050 TALLEYRANO AVE Suite, Apt. #, etc.		3. Mailing Address 1050 TALLEYRANO AVE Suite, Apt. #, etc.			
City & State JACKSONVILLE FL Zip Country 32206 USA		City & State JACKSONVILLE FL Zip Country 32206 USA		4. FEI Number 59-3426484	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent POWERS, NANCY M 1301 RIVERPLACE BOULEVARD, SUITE 1904 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: POWERS, NANCY M. Street Address (P.O. Box Number is Not Acceptable) 1050 TALLEYRANO AVE. City: JACKSONVILLE FL Zip Code: 32206		
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: <u>Nancy M. Powers</u> NANCY M. POWERS 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, 2005		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	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 24 CATHEDRAL PLACE SUITE 307 SAINT AUGUSTINE, FL 32084 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	POWERS, NANCY M. ☒ Change ☐ Addition 1050 TALLEYRANO AVE. JACKSONVILLE, FL 32206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAGNO, ALBINO 24 CATHEDRAL PLACE SUITE 307 SAINT AUGUSTINE, FL 32084 ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Nancy M. Powers</u> NANCY M. POWERS 2/28/05 904-353-5533 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					