

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24228

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**4745230397CC**

**Entity Name:** SHRINE OF FATIMA AND SAINT CAJETAN, INC.

**Current Principal Place of Business:**

10360 ATLANTA AVE.  
BROOKSVILLE, FL 34614

**Current Mailing Address:**

10360 ATLANTA AVE.  
BROOKSVILLE, FL 34614 US

**FEI Number:** 59-2865136

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GOTTLIEB & GOTTLIEB P.A.  
2475 ENTERPRISES RD.  
STE. #100  
CLEARWATER, FL 33763 US

*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

**Officer/Director Detail :**

Title CEO, SECRETARY, VOTING OFFICER  
Name VANNI, CLAUDETTE C  
Address 12272 EAKIN ST.  
City-State-Zip: WEEKI WACHEE FL 34614

Title VP/BULLETIN FORMAT/VOTING OFFICER  
Name PICCIRILLI, MARGARET  
Address 115 FLAME VINE WAY  
City-State-Zip: GROVELAND FL 34736

Title SHRINE ARTIST/VOTING OFFICER  
Name ANDREWS, MERLE  
Address 7437 HIGHLINE DR.  
City-State-Zip: BROOKSVILLE FL 34613

Title TREASURER/VOTING OFFICER  
Name FITZSIMMONS, EDNA  
Address 9470 NAKOMA WAY  
City-State-Zip: BROOKSVILLE FL 34613

Title GENERAL OPERATIONS AND CEMETARY MNANAGER/VOTING OFFICER  
Name WEST, MARY JEANNE  
Address 1300 OLD MISSION RD.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TRUSTEE (ADVISOR)  
Name KANE, RITA A ESQ.  
Address 13316 TRAILING MOSS DRIVE  
City-State-Zip: DADE CITY FL 33525

Title TRUSTEE (ADVISOR)  
Name LIVASY, EDNA  
Address 26415 SUNDOWN COVE LANE  
City-State-Zip: KATY TX 77494

Title TRUSTEE (ADVISOR)  
Name MANCONI, MAUREEN  
Address 7201 TIMBER COURT  
City-State-Zip: TAMPA FL 33625

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLAUDETTE VANNI

**CEO**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ADMINISTRATIVE ASST.  
Name FINCH, JEFFREY  
Address 3180 FOXWOOD LN  
City-State-Zip: TARPON SPRINGS FL 34688