

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24228

**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 O  
Name FITZSIMMONS, EDNA  
Address 9470 NAROMA WAY  
City-State-Zip: BROOKSVILLE FL 34613

Title DT  
Name WRIGHT, JAMES MREV.  
Address 10455 ATLANTA AVE.  
City-State-Zip: BROOKSVILLE FL 34614

Title O  
Name ARRIOLA, ANNA MARIA  
Address 1165 MIRAGE AVE.  
City-State-Zip: BROOKSVILLE FL 34614

Title CS  
Name VANNI, CLAUDETTE  
Address 12272 EAKIN ST  
City-State-Zip: BROOKSVILLE FL 34614

Title O  
Name SCHNEIDER, DIANE  
Address 10059 BEDFORD ROAD  
City-State-Zip: SPRING HILL FL 34608

Title TR  
Name DONAIRE, SUSANA TMDPA  
Address 730 SE 5TH TERRACE  
City-State-Zip: CRYSTAL RIVER FL 34429

*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:** REV. JAMES M WRIGHT

DT

02/02/2015

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

\_\_\_\_\_  
Date