

**2021 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:** No**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, CHAIRMAN  
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** CORRESPONDING SECRETARY,  
VOTING OFFICER**Name** FITZSIMMONS, EDNA**Address** 9470 NAKOMA WAY**City-State-Zip:** BROOKSVILLE FL 34613**Title** CEMETARY MANAGER/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** TREASURER, VOTING OFFICER**Name** MANCONI, MAUREEN K**Address** 7201 TIMBER CT**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

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TRUSTEE, (ADVISOR)
Name	FINCH, JEFFREY
Address	3180 FOXWOOD LN
City-State-Zip:	TARPON SPRINGS FL 34688