

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003019

**Entity Name:** ASSOCIATION OF ST. LAWRENCE-COMUNITA CENACOLO AMERICA INC.**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**4649133556CC****Current Principal Place of Business:**9485 REGENCY SQUARE BLVD. STE 110  
JACKSONVILLE, FL 32225**Current Mailing Address:**9485 REGENCY SQUARE BLVD. STE 110  
JACKSONVILLE, FL 32225 US**FEI Number: 59-3426484****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**POWERS, NANCY M  
9485 REGENCY SQUARE BLVD. STE 110  
JACKSONVILLE, FL 32225 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	P
Name	RITCHIE, MITCHELL S
Address	5615 SAN JUAN AVE #312
City-State-Zip:	JACKSONVILLE FL 32210

Title	T
Name	POWERS, NANCY M
Address	9485 REGENCY SQUARE BLVD STE 110
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	LOMBANA ARAGNO, JOYCE M
Address	9485 REGENCY SQUARE BLVD STE 110
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	ARAGNO, ALBINO
Address	9485 REGENCY SQUARE BLVD STE 110
City-State-Zip:	JACKSONVILLE FL 32225

*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: NANCY POWERS****TREASURER****02/02/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date