2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003019

Entity Name: ASSOCIATION OF ST. LAWRENCE-COMUNITA CENACOLO

AMERICA INC.

Feb 05, 2024 **Secretary of State** 7803659186CC

FILED

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: No

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 Title PRESIDENT/TREASURER

Name LOMBANA ARAGNO, JOYCE M Name POWERS, NANCY M

9485 REGENCY SQUARE BLVD 9485 REGENCY SQUARE BLVD Address Address

STE 110 STE 110

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title VΡ Title SECRETARY

Name ARAGNO, ALBINO Name CORRIGAN, ELAINE

Address 9485 REGENCY SQUARE BLVD Address 9485 REGENCY SQUARE BLVD

> STF 110 **STE 110**

JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 City-State-Zip: City-State-Zip:

Title **DIRECTOR**

Name CORRIGAN, SEAN

9485 REGENCY SQUARE BLVD. Address

SUITE 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 M POWERS Electronic Signature of Signing Officer/Director Detail **PRESIDENT**

02/05/2024