

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003019

Entity Name: ASSOCIATION OF ST. LAWRENCE-COMUNITA CENACOLO AMERICA INC.**FILED**
Feb 06, 2023
Secretary of State
9153192371CC**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	D
Name	LOMBANA ARAGNO, JOYCE M
Address	9485 REGENCY SQUARE BLVD STE 110
City-State-Zip:	JACKSONVILLE FL 32225

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

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

Title	SECRETARY
Name	CORRIGAN, ELAINE
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 M POWERS**PRESIDENT****02/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date