

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 048 ****61.25

DOCUMENT # 704364

1. Entity Name
SAINT MARGARET'S CHURCH, INC.



Principal Place of Business
**15650 MIAMI LAKEWAY, N
MIAMI LAKES, FL 33014 US**

Mailing Address
**15650 MIAMI LAKEWAY, N
MIAMI LAKES, FL 33014 US**

50011227



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1481365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON VARELA, JUDITH
14352 N.W. 83RD AVENUE
MIAMI LAKES, FL 33016**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DOTT, CATHY**
CITY-ST-ZIP **12154 ST. ANDREWS PLACE #110
MIRAMAR, FL 33026**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELLIS, YVONNE**
CITY-ST-ZIP **3800 EAST LAKE ROAD
MIRAMAR, FL 33023**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOSTER, TIMOTHY**
CITY-ST-ZIP **4984 SW 166TH AVENUE
MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARRIS, LORRAINE**
CITY-ST-ZIP **1851 NW 170TH ST
MIAMI, FL 33056**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DECARREAU, PAM**
CITY-ST-ZIP **11511 NW 29 STREET
SUNRISE, FL 33323**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GORACZKO, ANN**
CITY-ST-ZIP **1729 N.E. 178 ST
NORTH MIAMI BEACH, FL 33162**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **DOTT, CATHERINE**
STREET ADDRESS **6501 MAIN ST APT 9-108**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☒ Change ☐ Addition
NAME **6121 SW 39 STREET**
STREET ADDRESS **MIRAMAR, FL 33023**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Dott* **CATHERINE DOTT** **3/13/2006** **305-558-3961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #