

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90154 014 ****70.00

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1. Entity Name
**SAINT FRANCES CABRINI SPIRITUAL & EDUCATION
FUND, INC.**



Principal Place of Business
**6815 121ST AVENUE EAST
PARRISH, FL 34219**

Mailing Address
**6815 121ST AVENUE EAST
PARRISH, FL 34219**

00000100



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
65-0989806

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

**MCGLINN, KEVIN
3508 WILDERNESS BLVD E
PARRISH, FL 34219**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OHLMAN, MICHAEL T
805 137TH STREET E.
BRADENTON, FL 34202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WINTERS, JOHN E
5203 WOODLAWN CIR W
PALMETTO, FL 34221** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCUERMAN, KIMBERLY
3002 LITTLE COUNTRY RD
PARRISH, FL 34219** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**SCHUERMAN, KIMBERLY
3002 LITTLE COUNTRY ROAD
PARRISH, FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASTIELLO, RUTH
6310 5TH AVE E
PALMETTO, FL 34221** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**LISA FIELDS
2802 89th Avenue East
Parrish FL 34219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDEN, BETH
15955 WATER LINE RD
BRADENTON, FL 34212** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGLINN, KEVIN
3508 WILDERNESS BLVD E
PARRISH, FL 34219** ☐ Delete

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

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: JOHN E. WINTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 (941) 729-7259

Date Daytime Phone #