2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # N02000004546 1. Entity Name 03-15-2004 90019 049 ****75.00 TRINITARIAN HANDMAIDS OF THE DIVINE WORD, INC. Mailing Address Principal Place of Business 418 NAUBATUCK DR 1 418 NAUBATUCK DR OZUTUIUS JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address 12365 Casheros Cove Drive S. 12365 Casheros Couc Drive, S. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State Applied For City & State 30-0093939 JACKSONVILLE FL. Not Applicable JACKSONUINE \$8.75 Additional 5. Certificate of Status Desired 32225 Fee Required 32225 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. FERRER ANTIPORDA, GLORIOSA R MD Street Address (P.O. Box Number is Not Acceptable) 905 W MADISON ST STARKE FL 32091 3538 Compass Rose Drive East Zip Code JACKSONVILLE 32216 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP ☐ Delete TITLE Change Addition TITLE TAPALES, PATRICIA TAPALES, PATRICIA NAME 12365 Casheros Cove Drive, S. 48 NAUBATUCK DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 JACKSONVILLE FL. 32225 CITY-ST-ZIP CITY - ST- ZIP Addition TITLE , \square Delete OMAMALIN, GRACELA OMAMALIN, GRACELA NAME MAME 905 W MADISON ST 12365 Casheros Cove Drive, 5. STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP CITY-ST-ZIP TACKSONULUE FL. 32225 Addition -TITLE - · TITLE Delete ADCAN, JOVELYN NAME NAME ADCAN. JOUELYN 905 W MADISON ST STREET ADDRESS STREET ADDRESS 12365 CASHEROS COVE DRIVE, S. CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP JACKSONVILLE FL. 32225 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS

CITY-ST-7IP

Patricia O. Japaka, THOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP

904-703-8829

FILED