2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N0Z000004546

1. Entity Name
TRINITARIAN HANDMAIDS OF THE DIVINE WORD, INC.

Principal Place of Business	Mailing Address
12365 CASHEROS COVE DR, S JACKSONVILLE, FL 32225	12365 CASHEROS COVE DR, S JACKSONVILLE, FL 32225

01302006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
30-0093939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRER, MARIA E
3538 COMPASS ROSE DRIVE, EAST
JACKSONVILLE, FL 32216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000420596
02/15/06-80064-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAPALES, PATRICIA
STREET ADDRESS	12365 CASHEROS COVE DR, S
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DV
NAME	OMAMALIN, GRACELA
STREET ADDRESS	12365 CASHEROS COVE DRIVE, S
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DST
NAME	ADCAN, JOVELYN
STREET ADDRESS	12365 CASHEROS COVE DRIVE, S
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sr. Ma. Patricia O. Tapales, FMDW February 1, 2006 (904)221-3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #