

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90158 039 ****70.00

DOCUMENT # N02000004546

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



Principal Place of Business

**905 W MADISON ST
STARKE FL 32091**

Mailing Address

**905 W MADISON ST
STARKE FL 32091**

2. Principal Place of Business

418 NAUGATUCK DRIVE

3. Mailing Address

418 NAUGATUCK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

Zip

Country

32225

Zip

Country

32225

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

**ANTIPORDA, GLORIOSA R MD
905 W MADISON ST
STARKE FL 32091**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DP TAPALES, PATRICIA 905 W MADISON ST STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OMAMALIN, GRACELA 905 W MADISON ST STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADCAN, JOVELYN 905 W MADISON ST STARKE FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAPALES, PATRICIA 418 NAUGATUCK DRIVE JACKSONVILLE FL 32225	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OMAMALIN, GRACELA 418 NAUGATUCK DRIVE JACKSONVILLE, FL. 32225	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADCAN, JOVELYN 418 NAUGATUCK DRIVE JACKSONVILLE, FL. 32225	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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.

SIGNATURE: **PATRICIA D. TAPALES, MDH**
SRT. PATRICIA TAPALES

MARCH 22, 2003

909-221-5316

CR2E037 (10/02)