

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000006123</b>	
1. Entity Name MAGNIFICAT, PALM BEACH CHAPTER, INC.	
Principal Place of Business 1420 SAILBOAT CIRCLE WELLINGTON, FL 33414	Mailing Address 14 SE ONTARIO WY STUART, FL 34997



**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 61-1430541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BAILEY, DIANE 14 SE ONTARIO WY STUART, FL 34997
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAZZA, CAROL 1420 SAILBOAT CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABATE, KATE 250 S.E. FOUR WINDS DRIVE, #A103 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, JUDITH 13165 CHADWICK COURT, #26 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, DIANE 14 SE ONTARIO WY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000848217  
03/20/08-80008-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Carol Razza CAROL RAZZA 02/28/08 561-793 0343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #