


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90029 027 ****70.00

DOCUMENT # N39198	
1. Entity Name MAGNIFICAT, INC., LOWER PINELLAS DEANERY CHAPTER OF THE DIOCESE OF ST. PETERSBURG, FLORIDA	

Principal Place of Business 1448 83RD AVE N ST PETERSBURG, FL 33702-2850 US	Mailing Address 4401 14TH STREET N.E. ST PETERSBURG, FL 33703 US
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08232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 79-3050394	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIACO, ARLENE
1448 83RD AVE N
ST PETERSBURG, FL 33702

**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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIACO, ARLENE
STREET ADDRESS	1448 83RD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	PIAZZA, HELEN
STREET ADDRESS	1137 THIRD AVE S
CITY-ST-ZIP	TIERRA VERDE, FL
TITLE	D
NAME	MALLETTE, MARY
STREET ADDRESS	8229 22ND AVE N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	DT
NAME	SCANLAN, DEBORAH
STREET ADDRESS	4401 14 STREET NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	SD
NAME	SWANN, JANE
STREET ADDRESS	5300 27TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Deborah F Scanlan 8/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #