

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2006 08:00 AM
Secretary of State

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**



08292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
79-3050394

Applied For
Not Applicable

5. Certificate of Status Desired



\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000575688
08/30/06-80005-010 70.00

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	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06

Date

Daytime Phone # _____