


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90001 048 \*\*\*\*70.00

<b>DOCUMENT # N39198</b> 1. Entity Name MAGNIFICAT, INC., LOWER PINELLAS DEANERY CHAPTER OF THE DIOCESE OF ST. PETERSBURG, FLORIDA					
Principal Place of Business <i>delete</i> 1448 83RD AVE N ST PETERSBURG, FL 33702-2850 US			Mailing Address 4401 14TH STREET N.E. ST PETERSBURG, FL 33703 US		
2. Principal Place of Business - No P.O. Box # 4401 14th St. N.E.		3. Mailing Address Suite, Apt. #, etc. <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg		City & State		4. FEI Number 79-3050394	
Zip 33703		Country Pinellas		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 <i>delete</i>				7. Name and Address of New Registered Agent Name <i>Deborah F. Scanlan</i> Street Address (P.O. Box Number is Not Acceptable) 4401 14th St. N.E. City <i>St. Petersburg</i> FL Zip Code <i>33703</i>	
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 <i>Deborah F. Scanlan</i> <i>Deborah F. Scanlan</i> 8/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIACO, ARLENE 1448 83RD AVE N ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah F. Scanlan 4401 14th St N.E. St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAZZA, HELEN 1137 THIRD AVE S TIERRA VERDE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANE SWAN 5611 90th AVE Circle East PARAISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLETTE, MARY 8229 22ND AVE N ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cecilia Leon 2583 Pine Cone Lane CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCANLAN, DEBORAH 4401 14 STREET NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lucinda Moore 1270 12th Ct SW LARGO, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWANN, JANE 5300 27TH AVE NORTH SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathy Bolich 3228 13th St. N. St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/>
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.					
<b>SIGNATURE:</b> <i>Deborah F. Scanlan</i> <i>Deborah F. Scanlan</i> 8/28/07 727-432-0331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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