

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39198

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



**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

4401 14TH STREET NE  
SAINT PETERSBURG, FL 33703 US

Mailing Address

4401 14TH STREET NE  
SAINT PETERSBURG, FL 33703 US



08272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

SCANLAN, DEBORAH F  
4401 14TH STREET NE  
SAINT PETERSBURG, FL 33703

**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 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000958933  
09/03/08-80009-020 70.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SCANLAN, DEBORAH  
STREET ADDRESS 4401 14TH STREET NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE SD  
NAME SWAN, JANE  
STREET ADDRESS 5611 90TH AVE CIRCLE EAST  
CITY-ST-ZIP PARRISH, FL 34219

TITLE TD  
NAME LEON, CECILIA  
STREET ADDRESS 2583 PINE CONE LANE  
CITY-ST-ZIP CLEARWATER, FL

TITLE D  
NAME MOONE, LUCINDA  
STREET ADDRESS 1270 12TH CT SW  
CITY-ST-ZIP LARGO, FL 33770

TITLE D  
NAME BOLICY, KATHY  
STREET ADDRESS 3228 13TH ST N  
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

8/27/08

Date

Daytime Phone #