

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43046 (4)

1. Corporation Name

HEART OF JESUS AND MARY CENACLE, INC.



Principal Place of Business

Mailing Address

**2510 E. HANNA AVENUE
TAMPA FL 33610**

**2510 E. HANNA AVENUE
TAMPA FL 33610**

3. Date Incorporated or Qualified
04/17/1991

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **4610 N. Armenia Avenue**

26 **4610 N. Armenia Avenue**

4. FEI Number

59-3122967

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#301**

27 **#301**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Tampa, Florida**

28 **Tampa, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33603**

25 **U.S.A.**

29 **33603**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRUMP, WILLIAM F.
5320 45TH AVENUE N.
ST. PETERSBURG FL 33709**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D VINCI, CAROL**
STREET ADDRESS **2924 W. CURTIS ST.**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **PD TRUMP, WILLIAM F.**
STREET ADDRESS **5320 45TH AVENUE N.**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **VD MCCALL, MARK J.**
STREET ADDRESS **4711 ST. HIMES AVENUE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **TD SCAMARDO, ROBERT**
STREET ADDRESS **4412 HUDSON LANE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **SD BENE, JUNE**
STREET ADDRESS **1005 W. RIO VISTA AVE.**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sister Carol A. Vinci

2-5-96

1-813

876-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)