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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43046

1. Corporation Name

HEART OF JESUS AND MARY CENACLE, INC.

Principal Place of Business

2924 W. CURTIS ST.
 TAMPA FL 33614
 US

Mailing Address

2924 W. CURTIS ST.
 TAMPA FL 33614
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5658 N. Summerwind Avenue <i>Suite, Apt. #, etc.</i>	26	5658 N. Summerwind Avenue <i>Suite, Apt. #, etc.</i>	04/17/1991	
22	City & State	27	City & State	4. FEI Number	
23	Crystal River, Fl	28	Crystal River, Fl	59-3122967	
24	34428	25	USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29	34428	30	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCI, CAROL	1.2 NAME	
STREET ADDRESS	2924 W. CURTIS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMP, WILLIAM F.	2.2 NAME	
STREET ADDRESS	5320 45TH AVENUE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33602	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD Leo Bene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALL, MARK J.	3.2 NAME	650 S.E. Point Paradise Rd., Suite 3300
STREET ADDRESS	4711 ST. HIMES AVENUE	3.3 STREET ADDRESS	Crystal River, Fl 34429
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAMARDO, ROBERT	4.2 NAME	
STREET ADDRESS	4412 HUDSON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENE, JUNE	5.2 NAME	SD June Bene
STREET ADDRESS	1005 W. RIO VISTA AVE.	5.3 STREET ADDRESS	650 S.E. Point Paradise Rd., Suite 3300
CITY-ST-ZIP	TAMPA FL 33603	5.4 CITY-ST-ZIP	Crystal River, Fl 34429
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CD John Doscher,
STREET ADDRESS		6.3 STREET ADDRESS	7483 Dinsmore Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brooksville, Fl 34613

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-15-99 352-564-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)