

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43046

1. Entity Name

HEART OF JESUS AND MARY CENACLE, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90084 048 ****61.25

Principal Place of Business

5658 N. SUMMERWIND AVENUE
CRYSTAL RIVER FL 34428
US

Mailing Address

5658 N. SUMMERWIND AVENUE
CRYSTAL RIVER FL 34428
US

00020203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3122967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME VINCI, CAROL
STREET ADDRESS 5658 SUMMERWIND AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34428-6537

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME TRUMP, WILLIAM F.
STREET ADDRESS 5320 45TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BENE, LEO
STREET ADDRESS 650 SE POINT PARADISE RD., STE 3300
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BENE, JUNE
STREET ADDRESS 650 S.E. POINT PARADISE RD. STE. 3300
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME DOSCHER, JOHN
STREET ADDRESS 7483 DINSMORE STREET
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Sister Carolina Vinci OSF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-01 1-352-564-8067

CR2E037 (10/00)