

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90006 018 ****70.00

UBR00033

DOCUMENT # N43046

1. Entity Name

HEART OF JESUS AND MARY CENACLE, INC.

Principal Place of Business

Mailing Address

**5658 N. SUMMERWIND AVENUE
 CRYSTAL RIVER FL 34428
 US**

**5658 N. SUMMERWIND AVENUE
 CRYSTAL RIVER FL 34428
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3122967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

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

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

TITLE: **VD** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

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:

Signature Required
Carole Vinci, C.S.F. 2-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-564-8067

CFR2E037 (9/01)