

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003019

1. Entity Name

ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO A

Principal Place of Business

Mailing Address

35 TREASURY ST
ST AUGUSTINE FL 32084

1301 RIVERPLACE BOULEVARD, SUITE 1904
JACKSONVILLE FL 32207-9021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426484

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

POWERS, NANCY M
1301 RIVERPLACE BOULEVARD, SUITE 1904
JACKSONVILLE FL 32207

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

TITLE D ☒ Delete
NAME BAKER, ROBERT REV
STREET ADDRESS 742 ARLINGTON RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☒ Delete
NAME SCHIAVO, PATRICIA
STREET ADDRESS 534 SEGOVIA RD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SD ☒ Delete
NAME LOMBANA, JOYCE
STREET ADDRESS 6480 MADISON ST APT D
CITY-ST-ZIP ST AUGUSTINE FL 32082

TITLE D ☒ Delete
NAME PARTEL, KEVIN
STREET ADDRESS 4230 MYRTLE ST
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE D ☐ Delete
NAME ARAGNO, ALBINO
STREET ADDRESS 6480 MADISON ST, APT D
CITY-ST-ZIP ST AUGUSTINE FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME MITCHELL S. RITCHIE
STREET ADDRESS 5615 SAN JUAN AVE. #312
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Change ☒ Addition
NAME JOYCE LOMBANA ARAGNO
STREET ADDRESS 35 TREASURY ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE T ☐ Change ☒ Addition
NAME NANCY M. POWERS
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1904
CITY-ST-ZIP JACKSONVILLE, FL 32207

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

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS 35 TREASURY ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBINO ARAGNO 3/4/00 904-398-5400

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90023 029 ****61.25



DO NOT WRITE IN THIS SPACE