

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003019

1. Entity Name

ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO A

Principal Place of Business

35 TREASURY ST
ST AUGUSTINE FL 32084

Mailing Address

1301 RIVERPLACE BOULEVARD, SUITE 1904
JACKSONVILLE FL 32211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE D
NAME LOMBANA ARAGNO, JOYCE
STREET ADDRESS 35 TREASURY ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

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

TITLE D
NAME ARAGNO, ALBINO
STREET ADDRESS 35 TREASURY ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY M. POWERS

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90102 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)