

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90060 044 ****70.00

DOCUMENT # N96000003019

1. Entity Name

ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO A MERICA, INC.

Principal Place of Business

Mailing Address

**35 TREASURY ST
ST AUGUSTINE FL 32084**

**1301 RIVERPLACE BOULEVARD, SUITE 1904
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

24 CATHEDRAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 307

City & State

City & State

ST. AUGUSTINE, FL

Zip

Country

Zip

Country

32084 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3426484**

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

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

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **LOMBANA ARAGNO, JOYCE**
STREET ADDRESS **24 CATHEDRAL PLACE, STE 307**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **ARAGNO, ALBINO**
STREET ADDRESS **24 CATHEDRAL PLACE, STE 307**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date

904-398-5400
 Daytime Phone #

CR2E037 (9/01)