


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003019 1. Entity Name ASSOCIATION OF ST. LAWRENCE-COMMUNITA CENACOLO AMERICA, INC.	
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Principal Place of Business 24 CATHEDRAL PLACE SUITE 307 ST AUGUSTINE, FL 32084 US	Mailing Address 1301 RIVERPLACE BOULEVARD, SUITE 1904 JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3426484	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	24 CATHEDRAL PLACE SUITE 307
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	24 CATHEDRAL PLACE SUITE 307
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy M. Powers **NANCY M. POWERS** 1/30/04 904-398-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #