2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ASSOCIATION OF ST. LAWRENCE-COMUNITA CENACOLO AMERICA INC.

Current Principal Place of Business:

1050 TALLEYRAND AVE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1050 TALLEYRAND AVE
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3426484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POWERS, NANCY M
1050 TALLEYRAND AVE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: RITCHIE, MITCHELL S
Address: 5615 SAN JUAN AVE #312
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: LOMBANA ARAGNO, JOYCE
Address: 24 CATHEDRAL PLACE SUITE 307
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T
Name: POWERS, NANCY M
Address: 1050 TALLEYRAND AVE
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: D
Name: ARAGNO, ALBINO
Address: 24 CATHEDRAL PLACE SUITE 307
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY M. POWERS T 03/02/2010

Electronic Signature of Signing Officer or Director Date