

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1000011143

**FILED**  
**Jan 18, 2019**  
**Secretary of State**  
**4334794962CC**

**Entity Name:** ASSOCIATION OF ROMAN CATHOLIC WOMEN PRIESTS, INC.

**Current Principal Place of Business:**

5342 CLARK ROAD  
PMB#1073  
SARASOTA, FL 34233

**Current Mailing Address:**

5342 CLARK ROAD  
PMB#1073  
SARASOTA, FL 34233 US

**FEI Number:** 27-4144899

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHUGRUE, DOROTHY REV  
10901 SANTA MARGHERIA LANE  
UNIT 102  
BONITA SPRINGS, FL 34135 US

*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:** DOROTHY SHUGRUE

01/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCGILL, MAUREEN LOGUE REV  
Address        2048 HESPERIA WAY  
City-State-Zip: PENSACOLA FL 32505

Title            DIRECTOR  
Name            ZATSICK, CATHERINE MARIE REV  
Address        1904 CANTERBURY LANE  
                  UNIT M 8  
City-State-Zip: SUN CITY CENTER FL 33573-5621

Title            TREASURER  
Name            MARSH, JAMES REV  
Address        6 LYRIC AVENUE  
City-State-Zip: ALBANY NY 12205

Title            SECRETARY  
Name            TREES, DEBRA REV  
Address        8 AYRE DRIVE  
City-State-Zip: ALBANY NY 12203

Title            VP  
Name            MCDONALD, DENNIS REV  
Address        10 ACORN AVENUE  
City-State-Zip: CLIFTON PARK NY 12065

Title            DIRECTOR  
Name            LUCEY, RITA REV  
Address        24 N CAMELLIA COURT  
City-State-Zip: ORANGE CITY FL 32763

*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:** MAUREEN LOGUE MCGILL

**PRESIDENT**

01/18/2019

Electronic Signature of Signing Officer/Director Detail

Date