

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011143

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC0343263024**

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

**Current Principal Place of Business:**

3221 PINE OAK TERR  
SARASOTA, FL 34237

**Current Mailing Address:**

18520 EASTSHORE DR  
FT MYERS, FL 33967 US

**FEI Number:** 27-4144899

**Certificate of Status Desired:** No

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

O'CALLAGHAN, DENA  
9146 SW 102ND CIRCLE  
OCALA, FL 34481 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DOUGHERTY, DIANE  
Address 54 CHELSEA COURT  
City-State-Zip: AVONDALE ESTATES GA 30002

Title DIRECTOR  
Name LEE, JUDITH A  
Address 18520 EASTSHORE DR  
City-State-Zip: FT MYERS FL 33967

Title DIRECTOR  
Name ZATSICK, KATY  
Address 1904 CANTERBURY LANE UNIT 8  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name SEVRE-DUSZYNSKA, JANICE  
Address 51 WOODBRIER CT.  
City-State-Zip: LEXINGTON KY 40356

Title DIRECTOR  
Name MARINARO, ELEONORA  
Address 8236 HABRA DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name SHUGRUE, DOROTHY  
Address 10 CARRIAGE HOUSE WAY  
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR  
Name BEAUMONT, JUDITH A  
Address 18520 EASTSHORE DRIVE  
City-State-Zip: FORT MYERS FL 33967

Title TREASURER  
Name DUFF, BARBARA  
Address 3041 STUART DRIVE  
City-State-Zip: MACON GA 31204

**Continues on page 2**

*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:** DIANE DOUGHERTY

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name MEYERS, DEBRA  
Address 2210 TRAPPERS KNOLL  
City-State-Zip: BATAVAI OH 45103

Title DIRECTOR  
Name O'CALLAGHAN, DENA  
Address 9146 SW 102ND CIRCLE  
City-State-Zip: OCALA FL 34481

Title VP  
Name LAUDER, JAMES  
Address 1850 CARNARVON STREET  
City-State-Zip: VICTORIA V8R 2T8

Title DIRECTOR  
Name MEEHAN, BRIDGET MARY  
Address 3221 PINE OAK TERR  
City-State-Zip: SARASOTA FL 34237