

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011143

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: Yes****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	ZATSICK, KATY
Address	1904 CANTERBURY LANE UNIT 8
City-State-Zip:	SUN CITY CENTER FL 33573

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

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

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

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

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

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

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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: JUDITH BEAUMONT**DIRECTOR****04/07/2014**_____
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