

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended

FILED

04 JUN 24 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N34341			
1. Entity Name IMMACULATE CONCEPTION CATHOLIC CHURCH, INC.		Mailing Address RT. REV. JAMES A. DONNELLY 8531 BOLTON AVENUE HUDSON, FL 34667	
Principal Place of Business RT. REV. JAMES A. DONNELLY 8531 BOLTON AVENUE HUDSON, FL 34667		Mailing Address RT. REV. JAMES A. DONNELLY 8531 BOLTON AVENUE HUDSON, FL 34667	
2. Principal Place of Business Immaculate Conception		3. Mailing Address Most Rev. J. Humphreys	
Suite, Apt. #, etc. 8531 Bolton Avenue		Suite, Apt. #, etc. 5501 62 Avenue North	
4. FEI Number 59-2971777		Applied For <input type="checkbox"/> Not Applicable	
City & State Hudson, FL 34667		City & State Pinellas Park, FL	
Zip 34667	Country Pasco	Zip 33781	Country Pinellas
6. Name and Address of Current Registered Agent DONNELLY, JAMES A RT. REV 8531 BOLTON AVE HUDSON, FL 34667		7. Name and Address of New Registered Agent Name Most Rev. John J. Humphreys Street Address (P.O. Box Number is Not Acceptable) 5501 62 Avenue North Pinellas Park, FL City FL Zip Code 33781	
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 		DATE 6/17/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DONNELLY, JAMES A RT REV		NAME Most Rev. John J. Humphreys	
STREET ADDRESS 8531 BOLTON AVENUE		STREET ADDRESS 5501 62 Avenue North	
CITY-ST-ZIP HUDSON, FL 34667		CITY-ST-ZIP Pinellas Park, FL 33781	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RITCIE, PRISCILLA		NAME Rev. John G. Marochi	
STREET ADDRESS 16211 HELEN K DR		STREET ADDRESS 5501 62 Avenue North	
CITY-ST-ZIP SPRING HILL, FL 34610		CITY-ST-ZIP Pinellas Park, FL 33781	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSTOM, SUSAN		NAME Rev. Maurice Manton	
STREET ADDRESS 11106 BOUNTY STREET		STREET ADDRESS 8531 Bolton Avenue	
CITY-ST-ZIP NEW PORT RICHEY, FL 34654		CITY-ST-ZIP Hudson, FL 34667	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:		DATE: 6/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 727-548-4802	

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