

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34341

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** IMMACULATE CONCEPTION OLD ROMAN CATHOLIC CHURCH, INC.

**Current Principal Place of Business:**

8531 BOLTON AVENUE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

MOST REV. JOHN J. HUMPHREYS  
5501 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

MOST REV. JOHN J. HUMPHREYS, D.D.  
5501 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781

FEI Number: 59-2971777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUMPHREYS, JOHN J RT. REV  
5501 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781 US

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

HUMPHREYS, JOHN J MOST RE  
5501 62ND AVENUE NORTH  
PINELLAS PARK, FL 33781 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: (MOST REV.) +JOHN J. HUMPHREYS, D.D.

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUMPHREYS, MOST, JOHN J REV.  
Address: 5501 62ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: MAROCHI, JOHN G REV.  
Address: 5501 62ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD ( ) Delete  
Name: MANTON, MAURICE REV.  
Address: 8531 BOLTON AVENUE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUMPHREYS, JOHN J MOST RE  
Address: 5501 62ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Change ( ) Addition  
Name: MINIAK, GLEN A REV.  
Address: 12653 GORDA CIRCLE EAST  
City-St-Zip: LARGO, FL 337731702

Title: TD (X) Change ( ) Addition  
Name: MANTON, MAURICE C REV.  
Address: 8531 BOLTON AVENUE  
City-St-Zip: HUDSON, FL 346673640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: (MOST REV.) +JOHN J. HUMPHREYS, D.D.

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date