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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000287

1. Corporation Name

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.

Principal Place of Business
2404 EAST STUART STREET
TAMPA FL 33605

Mailing Address
2404 EAST STUART STREET
TAMPA FL 33605



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3476428

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, CHARLES J
2214 LONG STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles J. Garcia*
Signature, typed or printed name of registered agent and title if applicable.

Charles J. Garcia D/T
(NOTE: Registered Agent signature required when reinstating)

1-23-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME Director/Chairman
1.3 STREET ADDRESS Joseph Schreiber
1.4 CITY-ST-ZIP 2035 N.W. Gene's Little Acres
Arcadia, FL 33821

2.1 TITLE Change Addition
2.2 NAME Director/Treasurer
2.3 STREET ADDRESS Charles J. Garcia
2.4 CITY-ST-ZIP 2214 Long St.
Tampa, FL 33605

3.1 TITLE Change Addition
3.2 NAME Director/Secretary
3.3 STREET ADDRESS Eugene S. Dake
3.4 CITY-ST-ZIP 2707 Bent Leaf Dr.
Valrico, FL 33594

4.1 TITLE Change Addition
4.2 NAME Director
4.3 STREET ADDRESS James A. Barnhart
4.4 CITY-ST-ZIP 139 Lookout Drive
Apollo Beach, FL

5.1 TITLE Change Addition
5.2 NAME Director
5.3 STREET ADDRESS Andrew M. Moll
5.4 CITY-ST-ZIP 1916 W. Del Webb Blvd.
Sun City Center, FL 33573

6.1 TITLE Change Addition
6.2 NAME Director
6.3 STREET ADDRESS Ralph A. Packard
6.4 CITY-ST-ZIP 4600 - 98th Way, North
St. Petersburg, FL 33708

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Garcia* SIGNATURE REQUIRED Charles J. Garcia Director/Treasurer 1/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)