


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000287</b> 1. Entity Name <b>IMMACULATE HEART OF MARY ROMAN CATHOLIC - CHAPEL, INC.</b>	
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Principal Place of Business <b>2404 EAST STUART STREET TAMPA, FL 33605</b>	Mailing Address <b>2404 EAST STUART STREET TAMPA, FL 33605</b>
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3476428</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GARCIA, CHARLES J 2214 LONG STREET TAMPA, FL 33605</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHREIBER, JOSEPH 2035 NW GENE'S LITTLE ACRES ARCADIA, FL 33821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, CHARLES J 2214 LONG ST TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, JAMES A 6327 GONDOLA DR. RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKARD, RALPH A 4600 98TH WAY NO ST PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSH, CHARLES 17797A LAKE CARLTON DR. LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000228774  
02/14/05-80053-013 61.25

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:** Charles J. Garcia **Charles J. Garcia** 2/10/05 813-248-9593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #