


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

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

**DOCUMENT # N98000000287**

1. Entity Name  
**IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.**



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 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

**GARCIA, CHARLES J  
 2214 LONG STREET  
 TAMPA, FL 33605**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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

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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 #