


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000287

1. Entity 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



01112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3476428

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CHARLES J
 2214 LONG STREET
 TAMPA, FL 33605

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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)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	

1100000398550
 01/25/06-80025-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **Treasurer** 01/11/06 813-248-9593
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #