


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 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
---------------------------------------------------------------------------	---------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3476428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SCHREIBER, JOSEPH
STREET ADDRESS	2035 NW GENE'S LITTLE ACRES
CITY-ST-ZIP	ARCADIA, FL 33821
TITLE	DT
NAME	GARCIA, CHARLES J
STREET ADDRESS	2214 LONG ST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	BARNHART, JAMES A
STREET ADDRESS	6327 GONDOLA DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	PACKARD, RALPH A
STREET ADDRESS	4600 98TH WAY NO
CITY-ST-ZIP	ST PETERSBURG, FL 33708
TITLE	D
NAME	WELSH, CHARLES
STREET ADDRESS	17797A LAKE CARLTON DR.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000639851
02/28/07-80043-013 61.25

DO NOT WRITE
IN THIS SPACE

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 the address, with or without other like empowered.

SIGNATURE: Charles J. Garcia 02/12/07 (813) 248-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #