

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



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000639851
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 all other like empowered.

SIGNATURE:

Charles J. Garcia
Charles J. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/07 (813) 248-9593

Date

Daytime Phone #