


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90112 011 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State
 Zip Country

4. FEI Number
59-3476428

Applied For
 Not Applicable

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

01022008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

GARCIA, CHARLES J
 2214 LONG STREET
 TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS, JOHN M.	
STREET ADDRESS	1122 Lumsden Trace Cir	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGILL, PAUL	
STREET ADDRESS	22748 Richardson Lane	
CITY-ST-ZIP	Land O Lakes, FL 34639	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **Charles J. Garcia** **01/02/08** **813-248-9593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #