

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000287

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

2404 EAST STUART STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2404 EAST STUART STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3476428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GARCIA, CHARLES J
11521 N. RAVINE ROAD
TAMPA, FL 33612 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/18/2009

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SCHREIBER, JOSEPH
Address: 2035 NW GENE'S LITTLE ACRES
City-St-Zip: ARCADIA, FL 33821

Title: DT () Delete
Name: GARCIA, CHARLES J
Address: 2214 LONG ST
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: CARLOS, JOHN M
Address: 1122 LYNSDEN TRACE CIR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: MCGILL, PAUL
Address: 22748 RICHARDSON LN
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: WELSH, CHARLES
Address: 17797A LAKE CARLTON DR.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GARCIA, CHARLES J
Address: 11521 N. RAVINE ROAD
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J. GARCIA

Electronic Signature of Signing Officer or Director

DT

02/18/2009

Date