

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90154 047 \*\*\*\*61.25

**DOCUMENT # N98000000287**



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

Principal Place of Business      Mailing Address  
**2404 EAST STUART STREET      2404 EAST STUART STREET**  
**TAMPA FL 33605                      TAMPA FL 33605**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

4. FEI Number **59-3476428**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>DC</b> <input type="checkbox"/> Delete
NAME	<b>SCHREIBER, JOSEPH</b>
STREET ADDRESS	<b>2035 NW GENE'S LITTLE ACRES</b>
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>
TITLE	<b>DT</b> <input type="checkbox"/> Delete
NAME	<b>GARCIA, CHARLES J</b>
STREET ADDRESS	<b>2214 LONG ST</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARNHART, JAMES A</b>
STREET ADDRESS	<b>741 OAK PARK PL</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PACKARD, RALPH A</b>
STREET ADDRESS	<b>4600 98TH WAY NO</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33708</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information answered.

SIGNATURE: **Charles J. Garcia**      **REQUIRED**      **01/17/03**      **813-248-9593**

CR2E037 (10/02)