

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000287

Entity Name: IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.**FILED**
Feb 26, 2014
Secretary of State
CC4533502312**Current Principal Place of Business:**2404 EAST STUART STREET
TAMPA, FL 33605**Current Mailing Address:**2404 EAST STUART STREET
TAMPA, FL 33605**FEI Number: 59-3476428****Certificate of Status Desired: No****Name and Address of Current 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_____
Date**Officer/Director Detail :**

Title	DT	Title	D
Name	GARCIA, CHARLES J	Name	CARLOS, JOHN M
Address	11521 N. RAVINE ROAD	Address	1122 LYNSDEN TRACE CIR
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	VALRICO FL 33594
Title	D	Title	D
Name	KONZELMANN, JOHN	Name	WELSH, CHARLES
Address	9608 W PARK VILLAGE DR	Address	17797A LAKE CARLTON DR.
City-State-Zip:	TAMPA FL 33626-5135	City-State-Zip:	LUTZ FL 33558
Title	DIRECTOR		
Name	GORKA, RICHARD		
Address	5005 ABISHER WOOD LANE		
City-State-Zip:	BRANDON FL 33511		

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. GARCIA**TREASURER****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date