

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000287

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC5256299980**

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

**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  
Name GARCIA, CHARLES J  
Address 11521 N. RAVINE ROAD  
City-State-Zip: TAMPA FL 33612

Title D  
Name CARLOS, JOHN M  
Address 5301 SAGECREST DRIVE  
City-State-Zip: LITHIA FL 33547-3993

Title D  
Name KONZELMANN, JOHN  
Address 9608 W PARK VILLAGE DR  
City-State-Zip: TAMPA FL 33626-5135

Title D  
Name WELSH, CHARLES  
Address 17797A LAKE CARLTON DR.  
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**

**02/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date