## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Feb 05, 2004 8:00 am Secretary of State **DOCUMENT # 765447** 02-05-2004 90010 044 \*\*\*\*70 00 1. Entity Name THE HOLY CATHOLIC CHURCH OF SAINT MARY THE VIRGIN, INC. Principal Place of Business Mailing Address 103 W. HENRY AVENUE 7108 WHALENS HIDEAWAY PLANT CITY, FL 33565 TAMPA, FL 33604 3. Mailing Address 2. Principal Place of Business 860ETE . O. Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-2227029 City & State Not Applicable $\mathsf{Aq}\mathcal{M}_{\mathsf{A}}$ \$8.75 Additional Zip Country Country X 5. Certificate of Status Desired 3688 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent trieden Berg ROWE, MARK FR Street Address (P.O. Box Number is Not Acceptable) 103 W. HENRY AVENUE TAMPA, FL 33604 SACKEBRUS Zip Code 336/8 AQ 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. SCRSTARY SIGNATURE ed agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete CPD TITLE Change Addition. TITLE ROWE, MARK NAME NAME 23MAC WORWHOTL 103 W. HENRY AVENUE STREET ADDRESS STREET ADDRESS TAMPA, FL 33604 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE SCHARBACH, MICHAEL NAME NAME . M ATIWA 103 W. HENRY AVE. STREET ADDRESS STREET ADDRESS TAMPA, FL 33604 City-St-ZP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE KUFFEL. MARGARET NAME NAME STREET ADORESS 4110 NORTH MEADOW CIRLCE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE KUFFEL, LOREN KUFFEL, LORNE NAME NAME 4110 NORTH MEADOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33624 Delete TITLE Change ☐ Addition א וווו **HUTCHINSON, PATRICIA** NAME 301 W. HENRY AUE. 304 E. HOLLYWOOD ST STREET ADDRESS STREET ADDRESS TAMPA FL 33 GOV TAMPA, FL 33604 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITLE Delete TITLE COOVER, ALMA NAME NAME 2913 E. CRAWFORD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 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 like empowered.

SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE:

FILED

4 FEB 2004 813-961-34-28