2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765447

Apr 29, 2005 Secretary of State

Entity Name: THE HOLY CATHOLIC CHURCH (ANGLICAN RITE) OF SAINT MARY THE VIRGIN, INC.

Current Principal Place of Business: New Principal Place of Business: 103 W. HENRY AVENUE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** PO BOX 273028 TAMPA, FL 33688 US FEI Number: 59-2227029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRIEDENBERG, JUANITA M FRIEDENBERG, JUANITA M 16138 SAGE BRUSH DR. 16138 SAGE BRUSH RD. TAMPA, FL 33618 TAMPA, FL 33618 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: 04/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FRIEDENBERG, JUANITA M FRIEDENBERG, JUANITA M Name: Name: 301 W. HENRY AVE. Address: 16138 SAGEBRUSH RD. Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition SCHARBACH, MICHAEL Name: Name: Address: 103 W. HENRY AVE. Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: () Change () Addition KUFFEL, MARGARET Name: Name: 4110 NORTH MEADOW CIRLCE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KUFFEL, LORNE Name: 4110 NORTH MEADOW CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition HUTCHINSON, PATRICIA Name: Name: 301 W. HENRY AVE. Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: () Change () Addition COOVER, ALMA Name: Name: Address: 2913 E. CRAWFORD ST. Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUANITA M. FRIEDENBERG STD 04/29/2005