


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 039 ****61.25

DOCUMENT # 765447 1. Entity Name THE HOLY CATHOLIC CHURCH (ANGLICAN RITE) OF SAINT MARY THE VIRGIN, INC.					
Principal Place of Business 103 W. HENRY AVENUE TAMPA, FL 33604			Mailing Address PO BOX 273028 TAMPA, FL 33688 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIEDENBERG, JUANITA M 16138 SAGE BRUSH RD. TAMPA, FL 33618				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$51.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD		TITLE	PD	
NAME	FRIEDENBERG, JUANITA M		NAME	FR. JAMES HUTCHINSON	
STREET ADDRESS	16138 SAGEBRUSH RD.		STREET ADDRESS	301 W. HENRY AVE.	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VPD		TITLE	VPD	
NAME	SCHARBACH, MICHAEL		NAME	AMY HANSON	
STREET ADDRESS	103 W. HENRY AVE.		STREET ADDRESS	5703 N. SUWANEE AVE.	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D		TITLE		
NAME	KUFFEL, MARGARET		NAME		
STREET ADDRESS	4110 NORTH MEADOW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	KUFFEL, LORNE		NAME		
STREET ADDRESS	4110 NORTH MEADOW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	D		TITLE	D	
NAME	HUTCHINSON, PATRICIA		NAME	BETTYE STROUD	
STREET ADDRESS	301 W. HENRY AVE.		STREET ADDRESS	1213 E. CLIFTON ST.	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D		TITLE		
NAME	COOVER, ALMA		NAME		
STREET ADDRESS	2913 E. CRAWFORD ST.		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 exemptions contained in Chapter 119, 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: <u>Juanita M. Friedenberg</u> JUANITA M FRIEDENBERG 4102306 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60034586



04232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2227029

Applied For
Not Applicable

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

FL Zip Code

813-962-1284

Date Daytime Phone #