

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90050 026 \*\*\*\*61.25

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**DOCUMENT # 765447**

1. Entity Name

**THE HOLY CATHOLIC CHURCH OF SAINT MARY THE VIRGIN, INC.**



Principal Place of Business

**103 W. HENRY AVENUE  
TAMPA FL 33604**

Mailing Address

**16138 SAGEBRUSH RD  
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

**7108 WHALENS HIDEAWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PLANT CITY FL**

4. FEI Number **59-2227029**

Applied For

Not Applicable

Zip

Country

**33565**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, MARK FR  
103 W. HENRY AVENUE  
TAMPA FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$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	CPD	<input type="checkbox"/> Delete
NAME	ROWE, MARK	
STREET ADDRESS	103 W. HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PLLOCK, DOUGLAS	
STREET ADDRESS	2405 N WILDER LOOP	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	DSY	<input checked="" type="checkbox"/> Delete
NAME	FRIEDENBERG, JUANITA	
STREET ADDRESS	16138 SAGEBRUSH RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUFFEL, LOREN	
STREET ADDRESS	4110 NIRSHMHORN CIRUE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, PATRICIA	
STREET ADDRESS	304 E. HOLLYWOOD ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAILEY, MARK	
STREET ADDRESS	103 W. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SCHARBACH	
STREET ADDRESS	103 W. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET KUFFEL	
STREET ADDRESS	4110 NORTH MEADOW CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMA COOVER	
STREET ADDRESS	2913 E. CRAWFORD ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4110 NORTH MEADOW CIRCLE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED**

8/10/03

(813) 237-0878

CR2E037 (4/03)