

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90026 026 \*\*\*\*61.25

<b>DOCUMENT # N05000007714</b> 1. Entity Name <b>HOLY CATHOLIC CHURCH (WESTERN RITE), INC.</b>					
Principal Place of Business <b>103 W. HENRY AVE TAMPA FL 33604</b>			Mailing Address <b>103 W. HENRY AVE TAMPA FL 33604</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>30-0327-579</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LOYNES, GABRIEL 103 W. HENRY AVE TAMPA FL 33604</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <b>LOYNES, GABRIEL</b> <b>103 W. HENRY AVE</b> <b>TAMPA FL 33604</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>D</b> <b>HUTCHINSON, JAMES</b> <b>103 W. HENRY AVE</b> <b>TAMPA FL 33604</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>D</b> <b>KUFFEL, LORN</b> <b>4110 NORTHMEADOW CIRCLE</b> <b>TAMPA FL 33624</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>ST</b> <b>FRIEDENBERG, JUANITA</b> <b>16138 SAGEBRUSH ROAD</b> <b>TAMPA FL 33618</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>D</b> <b>SCHARBACH, MICHAEL</b> <b>12402 N 15TH STREET</b> <b>TAMPA FL 33631</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.					
<b>SIGNATURE: <i>Bishop Gabriel Loynes</i> - Bishop Gabriel Loynes 1/29/06 413-385-5116</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CINCINNATI OH 45999-0046

ATTACHMENT

In reply refer to: 0223605319  
Sep. 23, 2005 LTR 252C E0  
30-0327579 000000 00 000

03723

BODC: SB

66003753  
#N05000007714

HOLY CATHOLIC CHURCH WESTERN RITE  
% GABRIEL LOYNES  
103 W HENRY AVE  
TAMPA FL 33604-6915030

03660

Taxpayer Identification Number: 30-0327579

Dear Taxpayer:

Thank you for the inquiry dated Aug. 02, 2005.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

*James L. Fish*

James L. Fish, Manager  
Document Perfection Operations

Enclosure(s):  
Copy of this letter



ATTACHMENT

06003753

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

HOLY CATHOLIC CHURCH (WESTERN RITE), INC.  
103 W. HENRY AVE  
TAMPA, FL 33604

Subject: **HOLY CATHOLIC CHURCH (WESTERN RITE), INC.**

Reference Number: **N05000007714**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION