

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 006 ****61.25

DOCUMENT # N05000007714

1. Entity Name
HOLY CATHOLIC CHURCH (WESTERN RITE), INC.



Principal Place of Business
**103 W. HENRY AVE
TAMPA, FL 33604**

Mailing Address
**PO BOX 273028
TAMPA, FL 33688**

DO NOT WRITE IN THIS SPACE



04272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0327579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOYNES, GABRIEL
103 W. HENRY AVE
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOYNES, GABRIEL 103 W. HENRY AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, JAMES 103 W. HENRY AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUFFEL, LORN 4110 NORTHMEADOW CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDENBERG, JUANITA 16138 SAGEBRUSH ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARBACH, MICHAEL 12402 N 15TH STREET TAMPA, FL 36361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juanita Friedenberg **JUANITA FRIEDENBERG** 4/28/08 813 962-1284