

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 012 ****61.25

DOCUMENT # N08881~

1. Entity Name

MOST HOLY MOTHER OF GOD PARISH (UOCUSA-EP)
INC.



Principal Place of Business

Mailing Address

3820 MOORES LAKE RD.
P O BOX 738
DOVER FL 33527

3820 MOORES LAKE RD.
P O BOX 738
DOVER FL 33527

2. Principal Place of Business - No P.O. Box #

3820 MOORES LAKE RD.

Suite, Apt. #, etc.

3. Mailing Address

3820 MOORES LAKE RD.

Suite, Apt. #, etc.

City & State

DOVER, FL

Zip

33527

Country

City & State

DOVER, FL

Zip

33527

Country

4. FEI Number

59-2715568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

LINSINBIGLER, HARRY
3820 MOORES LAKE RD
DOVER FL 33527

7. Name and Address of New Registered Agent

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
Due By May 1, 2007

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

TITLE P ☐ Delete
NAME GURSKY, MICHAEL
STREET ADDRESS 29085 WINE DRIVE
CITY- ST- ZIP VALRICO FL 33594

TITLE S ☐ Delete
NAME COLLINS, NANCY
STREET ADDRESS 25421 TERRACE SE
CITY- ST- ZIP LARGO FL 33771

TITLE T ☐ Delete
NAME FIELDER, DUANE
STREET ADDRESS 3059 SUTTON WOODS DRIVE
CITY- ST- ZIP PLANT CITY FL 33566

TITLE VP ☐ Delete
NAME TOMACHESKY, PAUL
STREET ADDRESS 7312 GLEN MEADOW DR.
CITY- ST- ZIP LAKELAND FL 33810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Duane Fielder DUANE FIELDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Jan 07 813-719-1997
Date Daytime Phone #