2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State

DOCUMENT # N10379 1. Entity Name SACRED HEART TRADITIONAL CATHOLIC CHURCH, INC.					02-06-2008 90024 042 ****70.00			
1018 36TH STREET 10		Mailing Address 1018 36TH STREET ORLANDO, FL 32805-7124	1	 !! !!!!!!!!!!!!!!!!	FAIRE IIII IERIE IRU EIRU AIRU	815H 518H 418H 418		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312008 C	hg-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 59-254867	74	⊢	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Add	iress of New Registere	d Agent		
MONTELONGO, LOUIS A			Name	Name				
1018 36TH ST ORLANDO, FL 32805			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	■ Zip Cod		
	named entity submits this statement to	or the purpose of changing its regis	stered office or re	gistered agent, or both, in	•	— 1	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regit	stered Agent signature r	equired when reinstating)	DATE	:		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaig Trust Fund Contri	·	\$5.00 May Be Added to Fees		ck payable to artment of S		
10.	OFFICERS AND DI		11.		ES TO OFFICERS AND I		10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSOLY, DAVID 3327 OLD LOCKWOOD RD OVIEDO, FL 32765	:	STREET ADORESS) ELOVICH, M/ 0428 REGAL LERMONT, FL	. VIEW LOUP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REMENTER, ROBERT 137 LOMBARD CIRCLE	_ ******	TITLE NAME					
TITLE	CLERMONT, FL 34711		STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADORESS CITY+ST+ZIP		☐ Detete	STREET ADDRESS			☐ Change	Addition Addition	
NAME STREET ADDRESS	CLERMONT, FL 34711 T GUASTELLA, GARY 470 EAGLE CIRCLE	Oetete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				_	
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	CLERMONT, FL 34711 T GUASTELLA, GARY 470 EAGLE CIRCLE CASSELBERRY, FL 32707 P O'NEILL, JOHN 2477 ROYAL RD	Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	

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:

Havy & Guastella Gary J Guastella SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

321-388-2336