

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10379

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** SACRED HEART TRADITIONAL CATHOLIC CHURCH, INC.

**Current Principal Place of Business:**

1018 36TH STREET  
ORLANDO, FL 328057124

**New Principal Place of Business:**

**Current Mailing Address:**

1018 36TH STREET  
ORLANDO, FL 328057124

**New Mailing Address:**

**FEI Number:** 59-2548674      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MONTELONGO, LOUIS A  
1018 36TH ST  
ORLANDO, FL 32805      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: REMENTER, ROBERT  
Address: 137 LOMBARD CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: T      ( ) Delete  
Name: GUASTELLA, GARY  
Address: 470 EAGLE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: P      ( ) Delete  
Name: O'NEILL, JOHN  
Address: 2477 ROYAL RD  
City-St-Zip: DELAND, FL 32724

Title: D      ( ) Delete  
Name: HAYES, MARY J  
Address: 2408 ANGEL STREET  
City-St-Zip: ORLANDO, FL 32837

Title: S      ( ) Delete  
Name: PERRAULT, EVELINE  
Address: 2256 WYNDAM WAY  
City-St-Zip: KISSIMMEE, FL 34743

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: REMENTER, ROBERT  
Address: 137 LOMBARD CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V      (X) Change ( ) Addition  
Name: HAYES, MARY J  
Address: 2408 ANGEL STREET  
City-St-Zip: ORLANDO, FL 32837

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: WILSON, PAUL  
Address: 6338 STANWIN DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J GUASTELLA

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date