


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 038 ****61.25

DOCUMENT # N12312 1. Entity Name: HOLY INNOCENTS CHURCH					
Principal Place of Business 604 N. VALRICO RD VALRICO, FL 33594 US			Mailing Address P.O. BOX 249 VALRICO, FL 33595 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2346954				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 GUINTA, DENISE 604 N. VALRICO RD. VALRICO, FL 33594			7. Name and Address of New Registered Agent Name <u>Scharf, Douglas</u> Street Address (P.O. Box Number is Not Acceptable) <u>604 N. Valrico Rd.</u> City <u>Valrico</u> <u>FL</u> Zip Code <u>33594</u>		
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 <u>Douglas F. Scharf</u> <small>Signature, typed or printed name of registered agent and file if applicable.</small>			DATE <u>3/13/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUINTA, DENISE 273 ARBOR DR., EAST PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scharf, Douglas 3714 Crystal Dew St. Plant City, FL 33567
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORE, BOB 13027 ST FILAGREE DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Post, Trina 2713 Crestfield Dr. Valrico, FL 33596
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRISSEY, YVONNE 848 TIMBER POND DR BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Soto, Sharon 115 Mary Kay Ct. Brandon, FL 33511
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schock, Danny L 2022 CATTLEMAN DR BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Soto, Sharon 115 Mary Kay Ct. Brandon, FL 33511
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schock, Danny L 2022 CATTLEMAN DR BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Soto, Sharon 115 Mary Kay Ct. Brandon, FL 33511
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Douglas F. Scharf</u> <u>DOUGLAS F. SCHARF</u> <u>3/13/08</u> <u>(813) 689-3130</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50000437

