2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2001 8:00 am DOCUMENT # N34341 **Secretary of State** 1. Entity Name 06-04-2001 90001 032 ****61.25 IMMACULATE CONCEPTION OLD ROMAN CATHOLIC CHURCH. Principal Place of Business Mailing Address % BISHOP JOHN J. GREED % BISHOP JOHN J. GREE) 7315 ISLANDER LANE 7315 ISLANDER LANE HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address PTREX JAMES H. DONNELL KT KEV JAMES Y 1-LONNELLY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 8531 8531 BOLTO City & State City & State 4. FEI Number Applied For 59-2971777 H occoutt מספטן Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34667 ASC0 3 :ՎЬЬ° Fee Required ASC 0 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES A. DONNELLY P.O. Box Number is Not Accept GREED, JOHN J. 7315 ISLANDER LANE HUDSON FL 34667 City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the state of Florida. RTRE SIGNATURE nature, typed or printed nam of registered agent and tit FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE Delete IIITE PO Addition RT. REV. JAMES A. GREED, JOHN J. NAME NAME 8531 BOLTON HYE 7315 ISLANDER LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP HUDSON, FU 34667 ROBERT MATHIAL THILE ☐ Addition Change SHAW, BERT J. NAME STREET ADDRESS 7315 ISLANDER LN. STREET ADDRESS +4250H, PL 3466-CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP VERA MURDOCK .Delete TITLE D Addition O'LEARY, FRANCES NAME NAME 15603 DONZI DRIVE STREET ADDRESS 16916 BACKMAN DRIVE #19 STREET ADDRESS HUDSOW, FL 34667 CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that n y 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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 10 in changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

6,84-6110