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

FILED DOCUMENT # N34341 Mar 12, 2007 08:00 AM 1. Entity Name **Secretary of State** IMMACULATE CONCEPTION OLD ROMAN CATHOLIC CHURCH, INC. Principal Place of Business Mailing Address 8531 BOLTON AVENUE MOST REV. JOHN J. HUMPHREYS 5501 62ND AVENUE NORTH PINELLAS PARK FL 33781 HUDSON FL 34667 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-2971777 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HUMPHREYS, JOHN J RT. REV Street Address (P.O. Box Number is Not Acceptable) 5501 62ND AVENUE NORTH PINELLAS PARK FL 33781 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTI: Registered Agoid signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition HILL Delete ma Change U00000664823 NAMI HUMPHREYS, MOST, JOHN J REV. NAME 03/22/07-80061-009 61.25 STREET ADDRESS STREET ADORESS 5501 62ND AVENUE NORTH CITY-SI-7/P PINELLAS PARK FL 33781 CHY-S1-7P Change TITLE ☐ Delete THE Addition NAMI MAROCHI, JOHN G REV. NAME STREELADDRESS STRUE'L ADORESS 5501 62ND AVENUE NORTH CiTY-ST-7IP CITY-ST-7IP PINELLAS PARK FL 33781 ШП ☐ Delete TITLE Change Addition NAME NAME MANTON, MAURICE REV. STRIEL ADDRESS STRUCT ADDITISS 8531 BOLTON AVENUE CHY-SI-7P CHY-S1-7P HUDSON FL 34667 ☐ Change ■ Addition 11111 ☐ Delete TITLE NAME NAME STREET LADDRESS STREET ADDRESS CHY-SI-7P CHY-ST-7P ☐ Change Addition RHI Delete 31113 NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP ☐ Change Addition Delete NAME NAME

12. I horoby cortify 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 eath; 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.

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE: Man Skempley Most Rev. John J. Humphreys 3/8/07 (727) 548-4802

STREET ADDRESS

CHY-S1-7IP