FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000001923

HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.

Principal Place of Business 3593 ROLLING TRAIL PALM HARBOR FL 34684

2. Principal Place of Business

21

Mailing Address

3593 ROLLING TRAIL PALM HARBOR FL 34684

2a. Mailing Address

26

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90088 029 ****61.25

|--|

3. Date Incorporated or Qualifed

04/07/1997

City & State City & State City & C	Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Apr	olied For			
City & State 3 2p Country 2p Country 2p Country 3p Country 3p Country 4	22	27				31-15117 <u>36</u>	Not	Applicable		
Zip Country Zip Country Zip Country 6. Election Campaign Financing Addition Campaign Financing Addition Country Size Added to Fees Size Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name 9. Name Address of New Registered Agent 9. Name 9. Nam	City & State	,				5. Certificate of Status Desired				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. PALIM HARBOR FI. 34684 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Sections 617 0502 and 617,1508, Florids Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0003, Florids Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0003, Florids Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0003, Florids Statutes. Be LS HOP WILLIAM WICCLARD 1/25/99 12. Description of the provisions of Sections 817,0003, Florids Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 817,0003, Florids Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Statutes. Be above-named corporation submits this statement for the purpose of changing its registered agent. In the purpose of				Country	•	6 Election Campaign Financing	\$5.00	May Re		
9. Name and Address of Current Registered Agent State	─ , `							,		
NICOLARD, WILLIAM BISHOP 3593 ROLLING TRAIL PALM HARBOR FI. 34684 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the adversaried agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the pursoe of changing its registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the supplies of the corporation's board of directors. I hereby accept the appointment as registered agent, and the supplies and supplies and the supplies and the supplies and the supplies and s										
3593 ROLLING TRAIL PALM HARBOR FL 34684 83 84		o. Italia dila Mariotto di Constituti		81	Name					
3593 ROLLING TRAIL PALM HARBOR FL 34684 83 84										
PALM HARBOR FL 34684 S3					82 Street Address (P.O. Box Number is Not Acceptable)					
## City FL 88 Zip Code										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, applicable. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12.	Palm haf	RBOR FL 34684								
office or registered agent, or both, in the State of Flonda. Such change was automated by the corporation's board or directors. Interpret accept unit appointment as registered agent. I am familiar with, paged occept the obligations of, Section 977-9503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTT. ST. ZP PALM HARBOR FL 34684 14.CITY. ST. ZP PALM HARBOR FL 34684 14.CITY. ST. ZP PALM HARBOR FL 34684 24.CITY. ST. ZP PALM HARBOR FL 34684 24.CITY. ST. ZP PALM HARBOR FL 34684 25.SITREET ADDRESS OTT. ST. ZP OCHANGE Addition NAME POUNG, DIANE M 3593 ROLLING TRAIL 23.SITREET ADDRESS OTT. ST. ZP OCHANGE Addition NAME POUNG, DIANE M 3593 ROLLING TRAIL 23.SITREET ADDRESS OTT. ST. ZP OCHANGE Addition Addition Change Addition Addition Change Addition Addition ACTY. ST. ZP OCHANGE ACTY. ST. ZP OCHANGE Addition ACTY. ST. ZP OCHANGE A					•		FL			
Signature, speed or printed trans of registered agent and time if application. (NIOTE Registered Agent sequence when internations) SAPPE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
12.	SIGNATURE Structure typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
NAME NICOLARO, WILLIAM L REV. STREET ADDRESS STREE	12.						S AND DIRECTO	RS IN 12		
REHM, SCOTT M 3593 ROLLING TRAIL 23 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE T	TITLE	PD	☐ DELETE	1,1 TITLE		VP	. Change	☐ Addition		
REHM, SCOTT M 3593 ROLLING TRAIL 23 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE T	NAME	· -		1.2 NAME		MCBRIDE, RICHARD)			
REHM, SCOTT M 3593 ROLLING TRAIL 23 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE T				1.3 STREET	ADDRESS	3593 ROLLING TR	AIL			
REHM, SCOTT M 3593 ROLLING TRAIL 23 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE T					-ZIP	PALM HARBOR F	L 3468	14		
REHM, SCOTT M 3593 ROLLING TRAIL 23 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE TD TITLE TD DELETE 4.1 TITLE TD DELETE 4.1 TITLE T		· 	DELETE	1			☐ Change	Addition		
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP TITLE SD DELETE 3.1 TITLE SQ DELETE 3.2 NAME STREET ADDRESS SQ ROLLING TRAIL 3.3 STREET ADDRESS SQ ROLLING TRAIL 3.3 STREET ADDRESS SQ ROLLING TRAIL 3.4 CITY-ST-ZIP DELETE TITLE Change Addition		·•	<u> </u>	2.2 NAME	1					
DELETE D	1				ADORESS	•				
TITLE SD DELETE 3.1 TITLE										
NAME POLING, DIANE M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 TD DELETE 4.1 TITLE NAME FOREIT, CARMELA 3.5 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE GARAGE G			☐ DELETE				- Change	_ Addition		
STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 34. CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE FOREIT, CARMELA 3593 ROLLING TRAIL 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE CH				1				_		
CITY-ST-ZIP PALM HARBOR FL 34684 TITLE TD DELETE 4.1 TITLE Change Addition NAME FOREIT, CARMELA 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE CHANGE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE CHANGE CANAME 5.2 NAME 6.1 TITLE CHANGE CANAME 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE CHANGE CANAME 6.3 STREET ADDRESS 6.3 STREE			i		ADDRESS					
TITLE TD DELETE 4.1 TITLE Change Addition NAME FOREIT, CARMELA 3593 ROLLING TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Addition Change Addition		****			Į			,		
NAME FOREIT, CARMELA 3593 ROLLING TRAIL 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Change CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP			□ DELETE		1-21		☐ Change	☐ Addition		
STREET ADDRESS 3593 ROLLING TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO BELETE 6.3 STREET ADDRESS CITY-ST-ZIP CONSTRUCTORSS 6.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		,_								
Addition					ADDDESS			ļ		
TITLE	1					<i>:</i>		. [
NAME		PALM HANDON PL 34004	[DELETE		-217		☐ Change	Addition		
5.3 STREET ADDRESS			- Detterie				<u></u>			
	}				ADDRESS			1		
DELETE G1 TITLE Change Addition						·				
1			□ DELETE		-car		Change	Addition		
STREET ADDRESS 6.3 STREET ADDRESS CITY- ST- ZIP 6.4 CITY- ST- ZIP										
CITY-ST-ZIP 6.4 CITY-ST-ZIP					ADDRESS			1		
UIT-31-2F ■	STREET ADDRESS									
	CITY-ST-ZIP		W			Lis Carting 440 07/2/6) Elevido Stot des 15.45	or cortifu that the !-	formation		

indicated on this annual report or supplies with this limit does not quality for the exemption stated in Section 19.07(3)(f), indicated in this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: