

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90006 047 ****61.25

DOCUMENT # N97000001923

1. Entity Name

HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.

Principal Place of Business

Mailing Address

3593 ROLLING TRAIL
 PALM HARBOR FL 34684

3593 ROLLING TRAIL
 PALM HARBOR FL 34684-3548

2. Principal Place of Business

1605 PINEHURST RD

3. Mailing Address

1605 PINEHURST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN FL 34698

City & State

DUNEDIN FL

4. FEI Number

31-1511736

Applied For

Not Applicable

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NICOLARD, WILLIAM BISHOP
3593 ROLLING TRAIL
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name **NICOLARO, WILLIAM L., REV**

Street Address (P.O. Box Number is Not Acceptable)

1605 PINEHURST RD

City

DUNEDIN

FL

Zip Code

34698

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.

SIGNATURE

Rev William L Nicolard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/21/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **NICOLARO, WILLIAM L REV.**
 STREET ADDRESS **3593 ROLLING TRAIL**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **VD** ☐ Delete
 NAME **MCBRIDE, RICHARD**
 STREET ADDRESS **3593 ROLLING TRAIL**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **SD** ☐ Delete
 NAME **POLING, DIANE M**
 STREET ADDRESS **3593 ROLLING TRAIL**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **TD** ☐ Delete
 NAME **FOREIT, CARMELA**
 STREET ADDRESS **3593 ROLLING TRAIL**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **NICOLARO, WILLIAM L, REV**
 STREET ADDRESS **1605 PINEHURST RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD** ☒ Change ☐ Addition
 NAME **MCBRIDE, RICHARD**
 STREET ADDRESS **1605 PINEHURST RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **SD** ☒ Change ☐ Addition
 NAME **POLING, DIANE M**
 STREET ADDRESS **1605 PINEHURST RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TD** ☒ Change ☐ Addition
 NAME **FOREIT, CARMELA**
 STREET ADDRESS **1605 PINEHURST RD**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Diane M Poling

DIANE M POLING

727-734-2031