

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001923

1. Entity Name

HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.

Principal Place of Business

1605 PINEHURST RD
DUNEDIN FL 34698

Mailing Address

1605 PINEHURST RD
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1511736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLARO, WILLIAM BISHOP
1605 PINEHURST RD
DUNEDIN FL 34698

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NICOLARO, WILLIAM L REV.
STREET ADDRESS 1605 PINEHURST RD
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE VD
NAME MCBRIDE, RICHARD
STREET ADDRESS 1605 PINEHURST RD
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

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

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

TITLE TD
NAME FOREIT, CARMELA
STREET ADDRESS 1605 PINEHURST RD
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *REIGNANTIA PLEONICOLARO William L Nicolaro 1/14/02 727-734-2035*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

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FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90101 023 *****61.25



DO NOT WRITE IN THIS SPACE