2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001923

1. Entity Name
HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.

FILED
Jan 16, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1605 PINEHURST RD DUNEDIN, FL 34698	1605 PINEHURST RD DUNEDIN, FL 34698

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01052004 No Chg-NP CR2E037 (10/03)

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

NICOLARD, WILLIAM BISHOP
1605 PINEHURST RD
DUNEDIN, FL 34698

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICOLARO, MARY ANN
STREET ADDRESS	1605 PINEHURST RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VD
NAME	BRYAN, MARK
STREET ADDRESS	1605 PINEHURST RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	POLING, DIANE M
STREET ADDRESS	1605 PINEHURST RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	FOREIT, CARMELA
STREET ADDRESS	1605 PINEHURST RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80042-003 61.25

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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: Carmela V. Foreit 1-13-2004 727-734-20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARMELA V. FOREIT