


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001923</b> 1. Entity Name HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.	
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Principal Place of Business 1605 PINEHURST RD DUNEDIN, FL 34698	Mailing Address 1605 PINEHURST RD DUNEDIN, FL 34698
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1511736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

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 reappointing)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000653165 03/13/07-80009-012 61.25
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:** William L. Nicolaro William L. Nicolaro 2/27/07 727 734-2035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #