


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # N97000001923</b><br>1. Entity Name<br>HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH,<br>INC. |  |
|--|---|

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| Principal Place of Business<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698 | Mailing Address<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698 |
|---|---|



06262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
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| 4. FEI Number<br>31-1511736  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required |                               |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>NICOLARD, WILLIAM BISHOP<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|--|---|--|

|  |   |   |
|--|---|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   | <p>U00000953745<br/>07/09/08-80004-006 61.25</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NICOLARO, WILLIAM L<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BRYAN, MARK<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>POLING, DIANE M<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698     |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FOREIT, CARMELA<br>1605 PINEHURST RD<br>DUNEDIN, FL 34698     |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |

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 Nicolard **7/7/08** **727-734-2035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #