2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N97000001923

Entity Name: HOLY APOSTLES CATHOLIC CHARISMATIC CHURCH, INC.

Current Principal Place of Business:

1605 PINEHURST RD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1605 PINEHURST RD
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 31-1511736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLARD, WILLIAM BISHOP
1605 PINEHURST RD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICOLARO, WILLIAM L
Address: 1605 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: VD ( ) Delete
Name: BRYAN, MARK
Address: 1605 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete
Name: POLING, DIANE M
Address: 1605 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: FOREIT, CARMELA
Address: 1605 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NICOLARO, WILLIAM L PRES.
Address: 1605 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. NICOLARO PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date