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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000287

1. Corporation Name

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL,  
INC.

Principal Place of Business  
2404 EAST STUART STREET  
TAMPA FL 33605

Mailing Address  
2404 EAST STUART STREET  
TAMPA FL 33605



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3476428

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, CHARLES J  
2214 LONG STREET  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles J. Garcia*  
Signature, typed or printed name of registered agent and title if applicable.

Charles J. Garcia D/T  
(NOTE: Registered Agent signature required when reinstating)

1-23-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
Director/Chairman  
1.2 NAME Joseph Schreiber  
1.3 STREET ADDRESS 2035 N.W. Gene's Little Acres  
1.4 CITY-ST-ZIP Arcadia, FL 33821

2.1 TITLE  Change  Addition  
Director/Treasurer  
2.2 NAME Charles J. Garcia  
2.3 STREET ADDRESS 2214 Long St.  
2.4 CITY-ST-ZIP Tampa, FL 33605

3.1 TITLE  Change  Addition  
Director/Secretary  
3.2 NAME Eugene S. Dake  
3.3 STREET ADDRESS 2707 Bent Leaf Dr.  
3.4 CITY-ST-ZIP Valrico, FL 33594

4.1 TITLE  Change  Addition  
Director  
4.2 NAME James A. Barnhart  
4.3 STREET ADDRESS 139 Lookout Drive  
4.4 CITY-ST-ZIP Apollo Beach, FL

5.1 TITLE  Change  Addition  
Director  
5.2 NAME Andrew M. Moll  
5.3 STREET ADDRESS 1916 W. Del Webb Blvd.  
5.4 CITY-ST-ZIP Sun City Center, FL 33573

6.1 TITLE  Change  Addition  
Director  
6.2 NAME Ralph A. Packard  
6.3 STREET ADDRESS 4600 - 98th Way, North  
6.4 CITY-ST-ZIP St. Petersburg, FL 33708

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Garcia* SIGNATURE REQUIRED Charles J. Garcia Director/Treasurer 1/23/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 248-9593  
Date Daytime Phone #

CR2E037 (1/198)