


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90036 046 ****61.25

0049766

| | | | | | |
|--|--|---|--|---|--|
| 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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/20/1998 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3476428 | |
| 24 Country | | 29 Country | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| GARCIA, CHARLES J 2214 LONG STREET TAMPA FL 33605 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code | |
| | | | | FL | |

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 <u>Charles J. Garcia</u> Charles J. Garcia D/T | | 1-23-99 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Director/Treasurer 2.2 NAME Charles J. Garcia 2.3 STREET ADDRESS 2214 Long St. 2.4 CITY-ST-ZIP Tampa, FL 33605 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition Director 4.2 NAME James A. Barnhart 4.3 STREET ADDRESS 139 Lookout Drive 4.4 CITY-ST-ZIP Apollo Beach, FL | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Charles J. Garcia Director/Treasurer 1/23/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)