2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2004 8:00 am Secretary of State DOCUMENT # N98000000287 02-19-2004 90014 049 ****61.25 IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC. Principal Place of Business Mailing Address 2404 EAST STUART STREET 2404 EAST STUART STREET TAMPA, FL 33605 **TAMPA, FL 33605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Cha-NP CR2E037 (10/03) Applied For 4. FEI Number City & State City & State 59-3476428 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, CHARLES J 2214 LONG STREET Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33605** Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SCHREIBER, JOSEPH NAME NAME STREET ADDRESS 2035 NW GENE'S LITTLE ACRES STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 33821 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE GARCIA, CHARLES J NAME NAME STREET ADDRESS **2214 LONG ST** STREET ADDRESS TAMPA, FL 33605 CITY-ST-ZIP CITY-ST-ZIP **Change** ☐ Delete TITLE ☐ Addition TITLE NAME BARNHART, JAMES A NAME 6327 Gordola Drive 741 OAK PARK PL STREET ADDRESS STREET ADDRESS Riverview, FL 33569 BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition PACKARD, RALPH A NAME NAME 4600 98TH WAY NO STREET ADDRESS STREET ADDRESS ST PETRSBURG, FL 33708 CITY-ST-ZIP CITY-SY-ZIP Addition Change TITLE ☐ Delete TITLE Dire ator Charles Welsh 17797A Lake Carlton Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME But had be a compare men plant Agricing STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 12. 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 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 a large time of the corporation of the corporation of the corporation of the corporation of 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 than the corporation of the corporation of the corporation of the corporation of the receiver of 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.

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