

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000287

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.

**Current Principal Place of Business:**

2404 EAST STUART STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

2404 EAST STUART STREET  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 59-3476428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, CHARLES J  
2214 LONG STREET  
TAMPA, FL 33605    US

**Name and Address of New Registered Agent:**

GARCIA, CHARLES J  
11521 N. RAVINE ROAD  
TAMPA, FL 33612    US

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: \_\_\_\_\_ Date: 02/18/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: SCHREIBER, JOSEPH  
Address: 2035 NW GENE'S LITTLE ACRES  
City-St-Zip: ARCADIA, FL 33821

Title: DT ( ) Delete  
Name: GARCIA, CHARLES J  
Address: 2214 LONG ST  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: CARLOS, JOHN M  
Address: 1122 LYNSDEN TRACE CIR  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: MCGILL, PAUL  
Address: 22748 RICHARDSON LN  
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete  
Name: WELSH, CHARLES  
Address: 17797A LAKE CARLTON DR.  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DT (X) Change ( ) Addition  
Name: GARCIA, CHARLES J  
Address: 11521 N. RAVINE ROAD  
City-St-Zip: TAMPA, FL 33612

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: CHARLES J. GARCIA      DT      02/18/2009  
Electronic Signature of Signing Officer or Director      Date