

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90154 047 ****61.25

DOCUMENT # N98000000287



1. Entity Name
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.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3476428** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARCIA, CHARLES J
2214 LONG STREET
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC <input type="checkbox"/> Delete
NAME	SCHREIBER, JOSEPH
STREET ADDRESS	2035 NW GENE'S LITTLE ACRES
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	DT <input type="checkbox"/> Delete
NAME	GARCIA, CHARLES J
STREET ADDRESS	2214 LONG ST
CITY-ST-ZIP	TAMPA FL 33605
TITLE	D <input type="checkbox"/> Delete
NAME	BARNHART, JAMES A
STREET ADDRESS	741 OAK PARK PL
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	PACKARD, RALPH A
STREET ADDRESS	4600 98TH WAY NO
CITY-ST-ZIP	ST PETERSBURG FL 33708
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other information answered.

SIGNATURE: *Charles J. Garcia* **REQUIRED** 01/17/03 813-248-9593

CR2E037 (10/02)