

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004757

Entity Name: CHARISMATIC COMMISSION FOR CATHOLIC SPANISH PRAYER GROUPS, INC**FILED**
Mar 27, 2013
Secretary of State
CC1125001004**Current Principal Place of Business:**35215 BROKEN BIT LANE
ZEPHYRHILLS, FL 33541**Current Mailing Address:**P.O.BOX 273756
TAMPA, FL 33688**FEI Number: 26-2629214****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ABREU, DULCE
25511 SEVEN RIVERS CIRCLE
LAND O LAKES, FL 34639 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	NUNEZ, ALEX
Address	35215 BROKEN BIT LANE
City-State-Zip:	ZEPHYRHILLS FL 33541

Title	VP
Name	DIAZ, ANTONIO REV
Address	6819 KRYCUL ROAD
City-State-Zip:	RIVERVIEW FL 33569

Title	VP
Name	LOPEZ, ALFREDO
Address	10911 SAILBROOKE DR
City-State-Zip:	RIVERVIEW FL 33579

Title	VP
Name	REYES, NAHUM
Address	5813 36 AVE SOUTH
City-State-Zip:	TAMPA FL 33619

Title	S
Name	NUNEZ, CAMILLE
Address	35215 BROKEN BIT LANE
City-State-Zip:	ZEPHYRHILLS FL 33541

Title	T
Name	ABREU, DULCE
Address	25511 SEVEN RIVERS CIR
City-State-Zip:	LAND O LAKES FL 34639

I hereby 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 all other like empowered.

SIGNATURE: ALEX NUNEZ**PRESIDENT****03/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date