

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004757

Entity Name: CHARISMATIC COMMISSION FOR CATHOLIC SPANISH PRAYER GROUPS, INC**FILED**
Mar 07, 2014
Secretary of State
CC8216584989**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 |

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

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

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

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

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|-----------------|------------------------|
| 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****03/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date