


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 759141


1. Entity Name
CATHOLIC CHARISMATIC SERVICES OF THE ARCHDIOCESE OF MIAMI, INC.



Principal Place of Business
**3600 SW 32 BLVD
 HOLLYWOOD, FL 33023 US**

Mailing Address
**P.O. BOX 816128
 HOLLYWOOD, FL 33081-0128 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2058282 Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK
 110 MERRICK WAY
 STE. 3-B
 CORAL GABLES, FL 33134**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORVATH, EMERY 2231 HAVANA DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORVATH, MARY 2231 HAVANA DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOYLE, REV. DANIEL 4921 LINCOLN ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/07-80041-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: *Emery Horvath* **EMERY HORVATH** 1-4-07 954-961-1856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #