


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 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
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2058282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/11/08-80054-027 61.25

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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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: <i>Emery Horvath</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>	Emery Horvath Director 1-8-08 954-961-1856 <small>Date Daytime Phone #</small>	