

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


Amended

FILED

04 JUL 29 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 770772			
1. Entity Name CHRISTIAN CATHOLIC CENTER, INC.		Principal Place of Business 6922 20TH AVENUE SOUTH TAMPA, FL 33619	
Mailing Address 6922 20TH AVENUE SOUTH TAMPA, FL 33619		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAPDEVILA, LUIS 11301 OLA AVE. TAMPA, FL 33612		7. Name and Address of New Registered Agent Name: <u>Albert J. Capdevila</u> Street Address (P.O. Box Number is Not Acceptable) <u>12846 Big Sur Dr.</u> City: <u>Tampa</u> FL Zip Code: <u>33625</u>	
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: <u>[Signature]</u> Albert J. Capdevila DATE: <u>6-16-04</u> (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPDEVILA, LUIS 11301 OLA AVE. TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSD Rufus Beacham IV 7402 O'Brien St. Tampa, FL 33616 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STM CAPDEVILA, ALBERT 12846 BIGSUR DR TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTID Saturnino Albaladejo 5840 Heronview Crescent Dr. Lithia, FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPDEVILA, ANITA 11301 N OLA AVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Zirelda V. Capdevila 12846 Big Sur Dr. TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Albert J. Capdevila 12846 Big Sur Dr. TAMPA, FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900040049429 08/10/04--01080--001 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u>[Signature]</u> Albert J. Capdevila		Date: <u>6-16-04</u> (813) <u>826-1797</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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