

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004757

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** CHARISMATIC COMMISSION FOR CATHOLIC SPANISH PRAYER GROUPS, INC

**Current Principal Place of Business:**

17306 HUBERS COURT  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273756  
TAMPA, FL 33688

**New Mailing Address:**

P.O.BOX 273756  
TAMPA, FL 33688

**FEI Number:** 26-2629214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MARIA  
17306 HUBERS COURT  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RODRIGUEZ, MARIA  
Address: 17306 HUBERS COURT  
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete  
Name: DIAZ, ANTONIO REV  
Address: 6819 KRYCUL ROAD  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP ( ) Delete  
Name: MORALES, EVELYN  
Address: 6648 105TH LN NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: RODRIGUEZ, HIRAM  
Address: 6311 SOUTH RENELLIE CT  
City-St-Zip: TAMPA, FL 33616

Title: S ( ) Delete  
Name: VARGAS, DENISSE  
Address: 336 LAFAYETTE BLVD  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CASTELLANO, YAZMIN  
Address: P.O.BOX 273756  
City-St-Zip: TAMPA, FL 33688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA RODRIGUEZ

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date