

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004757

FILED  
Feb 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

35215 BROKEN BIT LANE  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 273756  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 26-2629214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABREU, DULCE  
25511 SEVEN RIVERS CIRCLE  
LAND O LAKES, FL 34639 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  
Name: NUNEZ, ALEX  
Address: 35215 BROKEN BIT LANE  
City-St-Zip: ZEPHYRHILLS, FL 33541

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

Title: VP  
Name: VELASQUEZ, ROSA  
Address: 9640 PARK LAKE DR  
City-St-Zip: PINELA PARK, FL 33782

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

Title: S  
Name: DE LEON, CECILIO  
Address: 13644 CORONADO DR  
City-St-Zip: SPRING HILLS, FL 34609

Title: T  
Name: ABREU, DULCE  
Address: 25511 SEVEN RIVERS CIR  
City-St-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

P

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date