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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48444 (6)

1. Corporation Name

COMITE NACIONAL DE SERVICIO HISPANO OF THE CATHO
LIC CHARISMATIC RENEWAL OF THE UNITED STATES, I

Principal Place of Business

Mailing Address

5760 SW 45TH TER
MIAMI FL 33155

5760 SW 45TH TER
MIAMI FL 33155-6002



3. Date Incorporated or Qualified
04/20/1992

3a. Date of Last Report
08/01/1996

2. Principal Place of Business

2a. Mailing Address

21 5750 SW 45 TERRACE

26 5750 SW 45 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0342014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LOS REYES, RAFAEL A.
5760 SW 45TH TER
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5750 SW 45 TERRACE

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/97
DATE

12. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> DELETE
NAME	DE LO REYES, RAFAEL
STREET ADDRESS	5760 SW 45 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	TORRES, RAMONITA
STREET ADDRESS	326 S 6TH T
CITY - ST - ZIP	READING PA
TITLE	DVP <input type="checkbox"/> DELETE
NAME	ECEIZA, JUSTO
STREET ADDRESS	13465 GOVERNMENT DR #C
CITY - ST - ZIP	TAMPA FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MALAGRECA, JOSEPH
STREET ADDRESS	718-26 - 105TH AVE.
CITY - ST - ZIP	QUEENS VILLAGE NY
TITLE	DVP <input type="checkbox"/> DELETE
NAME	KRAMAR, MARILYN
STREET ADDRESS	P. O. BOX 947 N/A
CITY - ST - ZIP	MONTEGELLO CA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5750 SW 45 TERRACE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 (301) 638-9729
Date Daytime Phone # 0031167

CR2E037 (9/96)