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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
5650 SW 45 TERR MIAMI FL 33155 US	5750 SW 45 TERR MIAMI FL 33155 US

3. Date Incorporated or Qualified: 04/20/1992

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 5750 SW 45 TERR
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

DE LOS REYES, RAFAEL A.
5750 SW 45 TERR
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE LO REYES, RAFAEL		1.2 NAME		
STREET ADDRESS	5750 SW 45 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, RAMONITA		2.2 NAME		
STREET ADDRESS	328 S 6TH T		2.3 STREET ADDRESS		
CITY-ST-ZIP	READING PA		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ECEIZA, JUSTO		3.2 NAME		
STREET ADDRESS	13465 GOVERNMENT DR #C		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MALAGRECA, JOSEPH		4.2 NAME		
STREET ADDRESS	718-26 - 105TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	QUEENS VILLAGE NY		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KRAMAR, MARILYN		5.2 NAME		
STREET ADDRESS	P. O. BOX 947 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTEGELLO CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 added or an attachment with an address

SIGNATURE: _____ 2/12/98 (305) 638-9729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #