## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

Principal Place of Business

N48444

(6)

Mailing Address

achm<u>ont with an</u> address

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

5650 SW 45 TERR 5750 SW 45 TERR 3. Date Incorporated or Qualified MIAMI FL 33155 MIAMI FL 33155 04/20/1992 US Applied For 65-0342014 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 5750 SW 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DE LOS REYES, RAFAEL A. 82 Street Address (P.O. Box Number is Not Acceptable) 5750 SW 45 TERR 83 MIAMI FL 33155 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE DE LO REYES, RAFAEL NAME 1.2 NAME 5750 SW 45 TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DP DELETE Change ■ Addition TITLE 21 TITLE NAME TORRES, RAMONITA 2.2 NAME STREET ADDRESS 326 S 6TH T 2.3 STREET ADDRESS READING PA 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition DVP TITLE 3 1 TITLE ECEIZA, JUSTO NAME 3.2 NAME 13465 GOVERNMENT DR #C STREET ADDRESS 33 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME MALAGRECA, JOSEPH 4. 2 NAME 718-26 - 105TH AVE. STREET ADDRESS 4.3 STREET ADDRESS QUEENS VILLAGE NY CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 51 TITLE KRAMAR, MARILYN NAME **5.2 NAME** P. O. BOX 947 N/A STREET ADDRESS 5.3 STREET ADDRESS **MONTEGELLO CA** CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE R 1 TITLE Change ■ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al 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 foiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

I hereby certify that the information supplied indicated on this annual report of supplied with officer or director of the corporation of the reBlock 12 or Block 13 if changed or the annual results.

CITY-ST-ZIP

(301) 638-9729

FILED

Feb 18 1998 8:00am

Secretary of State