FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000154 (5)**

1. Corporation Name

CATHOLIC CHARISMATIC COMMISSION FOR SPANISH PRAYER GROUPS, INC.

Principal Place of Business
7016 DONALD AVE.
TAMPA FL 33614-4022

Mailing Address
P.O. BOX 262554
TAMPA FL 33685-2554
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3165908** — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 — Country — 25
Zip — 29 — Country — 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DIAZ, CECILIA
6431 WILSHIRE DR.
TAMPA FL 33615

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DIAZ, CECILIA	12 NAME	
STREET ADDRESS	6431 WILSHIRE DR.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33615	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☑ Change ☐ Addition
NAME	ECEIZA, JUSTO	22 NAME	No replacement named
STREET ADDRESS	13465 GOVERNOR DR.	23 STREET ADDRESS	As of this date
CITY ST ZIP	TAMPA FL 33618	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☑ Change ☐ Addition
NAME	MULERO, ELBA	32 NAME	Secretary
STREET ADDRESS	8515 PALMA CEIA VISTA	33 STREET ADDRESS	Gloria Soto mayor
CITY ST ZIP	TAMPA FL 33604	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	RIVERA, LUIS	42 NAME	
STREET ADDRESS	4736 SPRING PLACE	43 STREET ADDRESS	
CITY ST ZIP	LAND O LAKES FL 34639	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	ECHEVARRIA, ANGEL H	52 NAME	
STREET ADDRESS	1721 WEAVER DR.	53 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DIAZ, ANTONIO REV	62 NAME	
STREET ADDRESS	P.O. BOX 418 N/A	63 STREET ADDRESS	
CITY ST ZIP	RIVERVIEW FL 33567	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angel H. Echevarria — 4/27/95 — (813)977-5433 x226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angel H. Echevarria, Treasurer

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