

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/08/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3165908

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

Country

29

Zip

30

Country

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

DIAZ, CECILIA
6431 WILSHIRE DR.
TAMPA FL 33615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DIAZ, CECILIA
STREET ADDRESS
6431 WILSHIRE DR.
CITY - ST - ZIP
TAMPA FL 33615

TITLE ☐ DELETE

NAME
SOTOMAYOR, GLORIA
STREET ADDRESS
8515 PALMA CEIA VISTA
CITY - ST - ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
RIVERA, LUIS
STREET ADDRESS
4736 SPRING PLACE
CITY - ST - ZIP
LAND O LAKES FL 34639

TITLE ☐ DELETE

NAME
ECHEVARRIA, ANGEL H
STREET ADDRESS
1721 WEAVER DR.
CITY - ST - ZIP
LUTZ FL 33549

TITLE ☐ DELETE

NAME
DIAZ, ANTONIO REV
STREET ADDRESS
P.O. BOX 418 N/A
CITY - ST - ZIP
RIVERVIEW FL 33587

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

1909 Bow Ct.
Valrico, FL 33594

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

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61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(813) 977-5433

Date

Daytime Phone #

X 226

CR2E037 (12/95)