


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000154 (5)**

1. Corporation Name

CATHOLIC CHARISMATIC COMMISSION FOR SPANISH PRAYER GROUPS, INC.

Principal Place of Business

Mailing Address

7016 DONALD AVE.
TAMPA FL 33614-4022

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
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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 **Angel H. Echevarria**

82 Street Address (P.O. Box Number is Not Acceptable)
1721 Weaver Dr.

83 **Lutz, FL. 33549**

84 City **FL** 85 Zip Code **33549**

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 **Angel H. Echevarria**

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

(NOTE: Registered Agent signature required when reinstating)

8/6/97

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, CECILIA	
STREET ADDRESS	6431 WILSHIRE DR.	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SOTOMAYOR, GLORIA	
STREET ADDRESS	1909 BOU CT.	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	RIVERA, LUIS	
STREET ADDRESS	4736 SPRING PLACE	
CITY-ST-ZIP	LAND O LAKES FL 34639	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ECHAVARRIA, ANGEL H	
STREET ADDRESS	1721 WEAVER DR.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, ANTONIO REV	
STREET ADDRESS	P.O. BOX 418 N/A	
CITY-ST-ZIP	RIVERVIEW FL 33587	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Angel H. Echevarria	
1.3 STREET ADDRESS	1721 Weaver Dr.	
1.4 CITY-ST-ZIP	Lutz, FL. 33549	

2.1 TITLE	1ST V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gloria Sotomayor	
2.3 STREET ADDRESS	1909 Bou Ct.	
2.4 CITY-ST-ZIP	Valrico, FL. 33594	

3.1 TITLE	2ND V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Luis Rivera	
3.3 STREET ADDRESS	4503 Sheffield Rd.	
3.4 CITY-ST-ZIP	Land O'Lakes, FL. 34639	

4.1 TITLE	Eloy Enriquez Menendez	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer	
4.3 STREET ADDRESS	3208 Decatur Ave	
4.4 CITY-ST-ZIP	Tampa, FL. 33603	

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 on an attachment with an address.

SIGNATURE REQUIRED

CP2E037 (4/97)