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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # N93000000154 (5)

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

3. Date Incorporated or Qualified

01/08/1993

4. FEI Number

59-3165908

Applied For

Not Applicable

2. Principal Place of Business

21 2021 E. Busch Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 152491  
Suite, Apt. #, etc.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHEVARRIA, ANGEL N  
1721 WEAVER DR  
LUTZ FL 33549

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME MENENDEZ, ELOY ENRIQUEZ  
STREET ADDRESS 3208 DECATUR AVE  
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME SOTOMAYOR, GLORIA  
STREET ADDRESS 1909 BOU CT.  
CITY - ST - ZIP VALRICO FL

TITLE ☐ DELETE

NAME RIVERA, LUIS  
STREET ADDRESS 4503 SHEFFIELD RD  
CITY - ST - ZIP LAND O LAKES FL

TITLE ☐ DELETE

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

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 on an attachment with an address.

SIGNATURE: Angel H. Echevarria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/98  
Date

(813) 903-1123  
Daytime Phone # 0050376

CR2E037 (10/97)