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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000154

IC CHARISMATIC COMMISSION FOR SPANISH PRAY
GROUPS, INC.

Place of Business Mailing Address
BUSCH BLVD P.O. BOX 152491
211 TAMPA FL 33684
FL 33612 US

1. Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
26	26	01/08/1993
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
27	27	59-3165908
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
28	28	\$8.75 Additional Fee Required
Country	Zip	6. Election Campaign Financing
25	29	Trust Fund Contribution <input type="checkbox"/>
30	30	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

VARHIA, ANGEL N
WEAVER DR
FL 33549

81 Name	Angel H. Echevarria
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

4/28/99
DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DVP SOTOMAYOR, GLORIA 1909 BOU CT. VALRICO FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DVP Gloria Rivera 1909 Bou CT. Valrico, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVP RIVERA, LUIS 4503 SHEFFIELD RD LAND O LAKES FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD ECHEVARRIA, ANGEL H 1721 WEAVER DR. LUTZ FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DIAZ, ANTONIO REV P.O. BOX 418 N/A RIVERVIEW FL 33567	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Treasurer Rafael Rivera 1909 Bou CT Valrico, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Angel H. Echevarria Pres. 4/27/99 803/903-1123

CR2E037 (1/198)