

# 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 # N94000005501 (1)

1. Corporation Name

SAINT JOSEPH CATHOLIC CHARISMATIC CHURCH, INC.



Principal Place of Business

Mailing Address

438 EAST LEMON STREET  
TARPON SPRINGS FL 34689

438 EAST LEMON STREET  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified  
11/07/1994

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 438 East Lemon Street

26 438 East Lemon Street

4. FEI Number  
59-3283740

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22

27

City & State

City & State

23 Tarpon Springs, Florida

28 Tarpon Springs, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 34689

25

29 34689

30

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

VAPORIS, ELIA-JOHN E PH.D.  
438 EAST LEMON STREET  
TARPON SPRINGS FL 34689

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

*Elia-John E. Vaporis*

Elia-John E. Vaporis

March 20, 1996

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME VAPORIS, ELIA-JOHN E PH.D.  
STREET ADDRESS 500 S. WALTON AVE., #22  
CITY-ST-ZIP TARPON SPRINGS FL 33689

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Michelle Gunther  
1.3 STREET ADDRESS 2515 Blossom Lake Drive  
1.4 CITY-ST-ZIP Holiday, FL 34690

TITLE D ☐ DELETE  
NAME DUREN, DANIEL  
STREET ADDRESS 5053 SUWANNEE DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GRAHAM, AMY G  
STREET ADDRESS 716 LIVE OAK  
CITY-ST-ZIP TARPON SPRINGS FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME LEIVAN, A.L.  
STREET ADDRESS 419 E. TARPON AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME LEIVAN, ELIZABETH  
STREET ADDRESS 419 E. TARPON AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME POPE, ANITA  
STREET ADDRESS 281A JERU BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL

6.1 TITLE ☐ Change ☐ 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 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:

*Elia-John E. Vaporis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996

813 942-1603

Daytime Phone #

CR2E037 (12/95)