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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34689438 EAST LEMON STREET
TARPON SPRINGS FL 34689-43123. Date Incorporated or Qualified
11/07/19943a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3283740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

02/17/97

Signature, typed printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME VAPORIS, ELIA-JOHN E PH.D.
STREET ADDRESS 500 S. WALTON AVE., #22
CITY-ST-ZIP TARPON SPRINGS FL 336891.1 TITLE ☐ Change ☐ AdditionNAME D ☒ DELETESTREET ADDRESS DUREN, DANIEL
CITY-ST-ZIP 5053 SUWANNEE DR.
NEW PORT RICHEY FL 34652

1.2 NAME

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

1.3 STREET ADDRESS

TITLE P ☒ DELETENAME LEIVAN, A.L.
STREET ADDRESS 419 E. TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS FL2.1 TITLE Treasurer ☐ Change ☒ AdditionTITLE S ☒ DELETENAME LEIVAN, ELIZABETH
STREET ADDRESS 419 E. TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS FL

2.2 NAME Mildred Bondurant

TITLE D ☐ DELETENAME GUNTHER, MICHELLE
STREET ADDRESS 2515 BLOSSOM LAKE DRIVE
CITY-ST-ZIP HOLIDAY FL

2.3 STREET ADDRESS 1009 Lake Avoca Place

TITLE D ☐ DELETENAME GUNTHER, MICHELLE
STREET ADDRESS 2515 BLOSSOM LAKE DRIVE
CITY-ST-ZIP HOLIDAY FL

2.4 CITY-ST-ZIP Tarpon Springs, FL 34689

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

Elia-John E. Vaporis / ELIA-JOHN E. VAPORIS

02/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0068001

CR2E037 (9/96)