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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005501

SAINT JOSEPH CATHOLIC CHARISMATIC CHURCH, INC.

Principal Place of Business 438 EAST LEMON STREET TARPON SPRINGS FL 34689 Mailing Address

438 EAST LEMON STREET TARPON SPRINGS FL 34689

FILED Apr 16, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Ap	2. Principal P	ace of Business	2a. Mailing Address			3. Date incorporated or Qualified			
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Second Section	22					39°3263140			
Zip Country Zip Country Zip Country St. Bleach Campaging Financing St. 90 May Be Added to Fees	City & Stat	e	⊢_ , ′			5. Certificate of Status Desired	T		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 is registered agent. To obt, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. To obt, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent. The purpose of changing is registered agent. The purpose of changing is registered agent. The purpose of directors. The approval of directors. The approval of directors. The purpose of changing is registered agent. The purpose of changing is reg		Country	Zip	Country	1	6. Election Campaign Financing	\$5.00	May Be	
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438 EAST LEMON STREET TARPON SPRINGS FL 34689 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutues. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. NAME VAPORIS, ELIA-JOHN E PH.D. 17. STAPPON SPRINGS FL 33689 18. I CITY-ST-2P 19. OFFICERS AND DIRECTORS IN 12 19. NAME SINERT ADDRESS 10. Change Addition 11. TITLE 12. NAME 13. TREET ADDRESS 14. CITY-ST-2P 15. TREET ADDRESS 15. TREET ADDRESS 16. CITY-ST-2P 17. PETE FL 33703 18. CITY-ST-2P 19. Change Addition 19.		19 1 1 to 1		81	Name				
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TARPON SPRINGS E 24689 84									
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	CITY-ST-ZIP	PALM HARBOR FL 34683							

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 physical or on an attachment with an address, with all other like empowered.

SIGNATURE