

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-16-1999 90118 022 \*\*\*\*61.25

DOCUMENT # **N94000005501**

1. Corporation Name

**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**

347546 - 90118 - 22



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**11/07/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3283740**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

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 **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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **BONDURANT, MILDRED**  
STREET ADDRESS **1009 LAKE AVOCA PLACE**  
CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE **D** ☐ DELETE  
NAME **GIPSON, MICHAEL**  
STREET ADDRESS **4318 HELENA ST NE**  
CITY-ST-ZIP **ST PETE FL 33703**

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

TITLE **S** ☒ DELETE  
NAME **DUGAY, EDNA M**  
STREET ADDRESS **38791 US 19 STE 936**  
CITY-ST-ZIP **TARPON SPRINGS FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **Elaine Morrison**  
4.3 STREET ADDRESS **709 Anclote Drive**  
4.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☒ DELETE  
NAME **WARNECK, WILLIAM**  
STREET ADDRESS **455 ALT 195 APT 19**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Amy Graham**  
5.3 STREET ADDRESS **716 Live Oak**  
5.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☒ DELETE  
NAME **WARNECK, JANIE**  
STREET ADDRESS **455 ALT 195 APT 19**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Patrick Gipson**  
6.3 STREET ADDRESS **817 Riverview Lane**  
6.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

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, with all other like empowered.

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

**4-9-99**  
Date

**727 943-9545**  
Daytime Phone #

0072455

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