

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005501

1. Entity Name

SAINT JOSEPH CATHOLIC CHARISMATIC CHURCH, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90148 017 ****61.25

Principal Place of Business

438 EAST LEMON STREET
TARPON SPRINGS FL 34689

Mailing Address

438 EAST LEMON STREET
TARPON SPRINGS FL 34689-4312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3283740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ☒ Delete
NAME T
STREET ADDRESS BONDURANT, MILDRED
CITY-ST-ZIP 1009 LAKE AVOCA PLACE
TARPON SPRINGS FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS MORRISON, ELAINE
CITY-ST-ZIP 709 ANCLOTE DR.
TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME D
STREET ADDRESS GRAHAM, AMY
CITY-ST-ZIP 716 LIVE OAK DR.
TARPON SPRINGS FL 34689

TITLE ☒ Delete
NAME D
STREET ADDRESS GIPSON, PATRICK
CITY-ST-ZIP 817 RIVERVIEW LANE
TARPON SPRINGS FL 34689

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

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

April 19, 2000 727 943-9545
Date Daytime Phone #

CR2E037 (9/99)