

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90087 027 ****61.25

DOCUMENT # N97000001604

1. Corporation Name

THE CATHOLIC CHARISMATIC CHURCH IN AMERICA, INC.

Principal Place of Business

438 E LEMON STREET
TARPON SPRINGS FL 34689

Mailing Address

438 E LEMON STREET
TARPON SPRINGS FL 34689



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3439830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VAPORIS, ELLA-JOHN E
438 E LEMON STREET
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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

TITLE DCEO
NAME VAPORIS, ELIA JOHN E
STREET ADDRESS 38791 US 19 NORTH, #917
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME BONDURANT, MILDRED
STREET ADDRESS 1009 LAKE AVOCA PLACE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D
NAME DUGAY, MAYINE
STREET ADDRESS 38791 US 19 N., #936
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME WARNECK, JANIE
STREET ADDRESS 455 ALT. 19 S., APT. 19
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE D
3.2 NAME Elaine Morrison
3.3 STREET ADDRESS 709 Anclote Drive
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689

4.1 TITLE D
4.2 NAME Walter Morrison
4.3 STREET ADDRESS 709 Anclote Drive
4.4 CITY-ST-ZIP Tarpon Springs, FL 34689

5.1 TITLE D
5.2 NAME Amy Gipson
5.3 STREET ADDRESS 716 Live Oak
5.4 CITY-ST-ZIP Tarpon Springs, FL 34689

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

727 943-9545

Daytime Phone #

0072472

CR2E037-(11/98)