## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 27, 2000 8:00 am Secretary of State DOCUMENT # N9700001604 THE CATHOLIC CHARISMATIC CHURCH IN AMERICA, INC. 04-27-2000 90023 035 \*\*\*\*61.25 Mailing Address Principal Place of Business 438 E LEMON STREET 438 E LEMON STREET TARPON SPRINGS FL 34689-4312 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3439830 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VAPORIS, ELLA-JOHN E 438 E LEMON STREET **TARPON SPRINGS FL 34689** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE DCEO ☐ Delete TITLE NAME VAPORIS, ELIA JOHN E NAME STREET ADDRESS STREET ADDRESS 38791 US 19 NORTH, #917 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 XX Addition XX Delete ☐ Change TITLE TITLE BONDURANT, MILDRED Bishop Raymond Young, D.D. NAME NAME STREET ADDRESS 5727 Biscayne Court STREET ADDRESS 1009 LAKE AVOCA PLACE New Port Richey, FL 53465 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Change XX Addition XX Delete mre MORRISON, ELAINE Bishop Armand LeMieux, H.L.D. NAME NAME 518 3rd Avenue South, Suite 707 STREET ADDRESS STREET ADDRESS 709 ANCLOTE DRIVE CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33701 TARPON SPRINGS FL 34689 ☐ Addition ☐ Change XX Delete TITLE TITLE MORRISON, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 709 ANCLOTE DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Change ☐ Addition TITLE XX Delete TITLE NAME GIPSON, AMY NAME STREET ADDRESS STREET ADDRESS 716 LIVE OAK CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 point like empowered.

GIGNATURE: Dichip & Clia Ham G. Wallow E.D. R.D. April 19 2008 127 943-9545