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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002603 (5)**

1. Corporation Name

CATHOLIC CHARISMATIC CHURCH, INC.

Principal Place of Business

**438 E. LEMON STREET
TARPON SPRINGS FL 34689**

Mailing Address

**438 E. LEMON STREET
TARPON SPRINGS FL 34689**



3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3480894

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **11/1**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAPORIS, FR. ELIA-JOHN E REV.
438 E. 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 *Rev. Fr. Elia-John E. Vaporis* **ELIA-JOHN E. VAPORIS**

01/08/98

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 **P** ☐ DELETE

NAME **DENTE, FR. PAUL REV.**
STREET ADDRESS **4500 37TH STREET SOUTH, #108**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **S** ☐ DELETE

NAME **VAPORIS, FR. ELIA-JOHN E REV.**
STREET ADDRESS **544 WALTON VILLAGE WAY**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **T** ☐ DELETE

NAME **DENTE, MAROLYN**
STREET ADDRESS **4500 37TH STREET SOUTH, #108**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD (Vice Chairman, BOO)** ☒ Change ☐ Addition

1.2 NAME **Dente, Fr. Paul Rev.**

1.3 STREET ADDRESS **4500 37th Street South, #108**

1.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

2.1 TITLE **D (S'ty, BOO)** ☐ Change ☐ Addition

2.2 NAME **VAPORIS, Fr. Elia-John**

2.3 STREET ADDRESS **38791 U.S. Hwy 19 North, # 917**

2.4 CITY-ST-ZIP **Tarpon Springs, FL 34690**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **DENTE, Marolyn**

3.3 STREET ADDRESS **4500 37th Street, South, #108**

3.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

4.1 TITLE **D (CEO, Board of Directors)** ☒ Change ☐ Addition

4.2 NAME **Most Rev. J. Paul Boucher**

4.3 STREET ADDRESS **aka Patriarch Michael**

4.4 CITY-ST-ZIP **4500 37th Street South, #108**

5.1 TITLE **St. Petersburg, FL 33711** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE: *Rev. Fr. Elia-John E. Vaporis* **ELIA-JOHN E. VAPORIS** **01-08-98** **813 942-0935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)