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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90069 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002603

1. Corporation Name

CATHOLIC CHARISMATIC CHURCH, INC.

118787 - 90069 - 20

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 **4500 37 ST SOUTH**

Suite, Apt. #, etc.

22 **103**

City & State

23 **ST PETERSBURG FL**

Zip

24 **33711**

Country

25 **USA**

2a. Mailing Address

26 **4500 37 ST SOUTH**

Suite, Apt. #, etc.

27 **103**

City & State

28 **ST PETERSBURG FL**

Zip

29 **33711**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

VAPORIS, FR. ELIA-JOHN E REV.
438 E. LEMON STREET
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name **REV PAUL DENTE**

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

4500 37 ST SOUTH

83 **#103**

84 City

ST PETERSBURG

FL

85 Zip Code

33711

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. Paul Dente**

(NOTE: Registered Agent signature required when reinstating)

DATE

01-19-99

12. OFFICERS AND DIRECTORS

TITLE **DVD** ☐ DELETE
NAME **DENTE, FR P**
STREET ADDRESS **4500 37TH ST SO SUITE 108**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **DS** ☒ DELETE
NAME **VAPORIS, FR ELIA-JOHN**
STREET ADDRESS **38791 US HWY 19 NO SUITE 917**
CITY-ST-ZIP **TARPON SPRINGS FL 34690**

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

TITLE **DCEO** ☐ DELETE
NAME **MOST REV J PAUL BOUCHER**
STREET ADDRESS **AKA PATRIARCH MICHAEL 4500 37TH ST SO 108**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **DT** ☐ DELETE
NAME **HAROLD ROSE**
STREET ADDRESS **4500 37 ST. SOUTH #110**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **SUITE 103**
1.4 CITY-ST-ZIP

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

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **#103**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **#103**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Rev. Paul Dente** **01-19-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)