

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000002603

1. Entity Name
CATHOLIC CHARISMATIC CHURCH, INC.



Principal Place of Business

**4500 37 ST S.
STE 103
ST PETERSBERG, FL 33711 US**

Mailing Address

**4500 37TH ST S.
STE 103
ST PETERSBERG, FL 33711 US**



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DENTE, PAUL REV
4500 37TH ST S.
STE 103
ST PETERSBERG, FL 33711**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVD
NAME	DENTE, FR P
STREET ADDRESS	4500 37TH ST S., STE 103
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	DS
NAME	DENTE, MAROLYN
STREET ADDRESS	4500 37TH ST S., STE 103
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	DCEO
NAME	MOST REV J PAUL BOUCHER
STREET ADDRESS	4500 37TH ST S., STE 103
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	DT
NAME	ROSE, HAROLD
STREET ADDRESS	4500 37TH ST S. #110
CITY-ST-ZIP	ST PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000183783
01/20/05-80004-005 61.25

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IN THIS SPACE**

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 empowered.

SIGNATURE: *Rev. Paul Dente*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-05 7278652105
Date Daytime Phone #