

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765802 (4)
1. Corporation Name
COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.



Principal Place of Business: P.O. BOX 271671 TAMPA FL 33688
Mailing Address: P.O. BOX 271671 TAMPA FL 33688

3. Date Incorporated or Qualified: 11/18/1982
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARRETO, BEATRIZ 14503 NETTLE CREEK RD TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, BEATRIZ	1.2 NAME	
STREET ADDRESS	14503 NETTLE CREEK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADENA, MERCEDES	2.2 NAME	
STREET ADDRESS	4160 BRENTWOOD PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, ESPERANZA	3.2 NAME	VD
STREET ADDRESS	3275 FOXHILL DRIVE	3.3 STREET ADDRESS	Bornost Bernarda
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	659 Douglas Ave.
TITLE	TD	4.1 TITLE	
NAME	GLADYS, PRADOS	4.2 NAME	000001753710
STREET ADDRESS	5016 PALOMA DRIVE	4.3 STREET ADDRESS	-03/22/96--01011--021
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	***61.25
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDERBER, MARIA EUGENIA	5.2 NAME	
STREET ADDRESS	6301 JACQUELINE ARBOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CATHY	6.2 NAME	
STREET ADDRESS	15108 NIGHAWK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Beatriz Barreto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

3-21-96