

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
P.O. BOX 271671 TAMPA FL 33688 P.O. BOX 271671 TAMPA FL 33688-1671

3. Date Incorporated or Qualified 11/18/1982 3a. Date of Last Report 03/21/1996

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

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	LUZ MARIA ORTIZ
82 Street Address (P.O. Box Number is Not Acceptable)	
83	127 09 TROWBRIDGE LN
84 City	TAMPA FL 85 Zip Code 33624

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 *Luiz Maria Ortiz* LUZ MARIA ORTIZ (PRESIDENT) JAN 22 / 97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETO, BEATRIZ	1.2 NAME	LUZ MARIA ORTIZ
STREET ADDRESS	14503 NETTLE CREEK RD	1.3 STREET ADDRESS	12709 TROWBRIDGE LN
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	VD <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORNOST, BERNARDA	3.2 NAME	GINA BINION
STREET ADDRESS	659 DOUGLAS AVENUE	3.3 STREET ADDRESS	13003 WHISPER SOUND DR
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	TAMPA FLORIDA 33624
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS, PRADOS	4.2 NAME	
STREET ADDRESS	5016 PALOMA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERDERBER, MARIA EUGENIA	5.2 NAME	CLARA QUIMBAYO
STREET ADDRESS	6301 JACQUELINE ARBOR DR.	5.3 STREET ADDRESS	12902 PEPER PLACE
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CATHY	6.2 NAME	
STREET ADDRESS	15108 NIGHTHAWK 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 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: *Luiz Maria Ortiz* LUZ MARIA ORTIZ JAN 22 / 97 (813) 933-5198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049446

CR2E037 (9/96)