

# 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  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

4. FEI Number  
**NOT APPLICABLE**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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

**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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRETO, BEATRIZ</b>	
STREET ADDRESS	<b>14503 NETTLE CREEK RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CADENA, MERCEDES</b>	
STREET ADDRESS	<b>4160 BRENTWOOD PARK</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VARGAS, ESPERANZA</b>	
STREET ADDRESS	<b>3275 FOXHILL DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GLADYS, PRADOS</b>	
STREET ADDRESS	<b>5016 PALOMA DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VERDERBER, MARIA EUGENIA</b>	
STREET ADDRESS	<b>6301 JACQUELINE ARBOR DR.</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, CATHY</b>	
STREET ADDRESS	<b>15108 NIGHAWK DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Bernard Bernand</b>
3.3 STREET ADDRESS	<b>659 Douglas Ave.</b>
3.4 CITY-ST-ZIP	<b>Dunedin FL.</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)