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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33688P.O. BOX 271671
TAMPA FL 33688-16713. Date Incorporated or Qualified
11/18/19823a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

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

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 ☒ DELETE
NAME BARRETO, BEATRIZ
STREET ADDRESS 14503 NETTLE CREEK RD
CITY-ST-ZIP TAMPA FLTITLE VD ☐ DELETE
NAME CADENA, MERCEDES
STREET ADDRESS 4160 BRENTWOOD PARK
CITY-ST-ZIP TAMPA FLTITLE VD ☒ DELETE
NAME BORNOST, BERNARDA
STREET ADDRESS 659 DOUGLAS AVENUE
CITY-ST-ZIP DUNEDIN FLTITLE TD ☐ DELETE
NAME GLADYS, PRADOS
STREET ADDRESS 5016 PALOMA DRIVE
CITY-ST-ZIP TAMPA FLTITLE S ☒ DELETE
NAME VERDERBER, MARIA EUGENIA
STREET ADDRESS 6301 JACQUELINE ARBOR DR.
CITY-ST-ZIP TEMPLE TERRACE FLTITLE AT ☐ DELETE
NAME RODRIGUEZ, CATHY
STREET ADDRESS 15108 NIGHTHAWK DR
CITY-ST-ZIP TAMPA FL1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME LUZ MARIA ORTIZ
1.3 STREET ADDRESS 12709 TROWBRIDGE LN
1.4 CITY-ST-ZIP TAMPA FL 336242.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GINA BINION
3.3 STREET ADDRESS 13003 WHISPER SOUND DR
3.4 CITY-ST-ZIP TAMPA FLORIDA 336244.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME CLARA QUIMBAYO
5.3 STREET ADDRESS 12902 PEPER PLACE
5.4 CITY-ST-ZIP TAMPA FL 336246.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049448

CR2E037 (9/96)