

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90095 034 ****61.25

DOCUMENT # 765802

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2258515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISCHOFF, LUZ M
9507 HAMLET LANE
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name Gutierrez, Clara I.
Street Address (P.O. Box Number is Not Acceptable)
10417 Oak Brook Dr.

City Tampa FL Zip Code 33618

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/05

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME BISCHOFF, LUZ M
STREET ADDRESS 9507 HAMLET LANE
CITY-ST-ZIP TAMPA, FL 33635

TITLE VD ☒ Delete
NAME BARRETO, BEATRIZ
STREET ADDRESS 14503 NETTLE CREEK RD
CITY-ST-ZIP TAMPA, FL 33624

TITLE TD ☒ Delete
NAME ECHEVERRI, HERNANDO
STREET ADDRESS 6515 N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33604

TITLE TD ☒ Delete
NAME PENA, CAROLINA
STREET ADDRESS 4204 CARROLLWOOD VILLAGE CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE SD ☒ Delete
NAME BARRIENTOS, LUZ MARIA
STREET ADDRESS 13604 SOUTH VILLAGE DR. APT.311
CITY-ST-ZIP TAMPA, FL 33624

TITLE SD ☐ Delete
NAME ISAZA, SILVIA
STREET ADDRESS 15217 ALEXIS DR
CITY-ST-ZIP TAMPA, FL 33624

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME GUTIERREZ, Clara I
STREET ADDRESS 10417 oakbrook Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE VD ☐ Change ☒ Addition
NAME Gomez, Marina
STREET ADDRESS 13610 Colorado Place
CITY-ST-ZIP Tampa, FL 33626

TITLE TD ☐ Change ☒ Addition
NAME Diaz, Carmen
STREET ADDRESS 3005 W. Columbus Dr.
CITY-ST-ZIP Tampa, FL 33607

TITLE TD ☐ Change ☒ Addition
NAME Valcarcel, Nohora
STREET ADDRESS 14507 Midland Green Pl.
CITY-ST-ZIP Tampa, FL 33624

TITLE SD ☐ Change ☒ Addition
NAME Alfonso, Anita
STREET ADDRESS 13604 South Village Dr. Apt. 301
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05 (813) 786-8700