2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765802

Apr 07, 2009 Secretary of State

Entity Name: COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 271671 13608 SOUTH VILLAGE DRIVE

TAMPA, FL 33688 APT 8105

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

P.O. BOX 271671 TAMPA, FL 33688

FEI Number: 59-2258515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARRIENTOS, LUZMARIA 13608 S. VILLAGE DR. 8105 TAMPA, FL 33618 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition BARRIENTOS, LUZMARIA Name: Name:

13608 S. VILLAGE DR., 8105 Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

GOMEZ, MARINA Name: URBANO, MARIA L Name: Address: 13610 COLORADO PLACE Address: 1426 MAXIMILIAN DR City-St-Zip: TAMPA, FL 33626 City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete Title: (X) Change () Addition DIEZ, LUZMARINA CADENA, MERCEDES Name: Name:

9507 HAMLET LANE 4160 BRENTWOOD PARK CIRCLE Address: Address:

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33624

(X) Change () Addition Title: TD () Delete Title: TD ALVAREZ, HELENA Name: ECHEVERRI, HERNANDO Name: 5814 TAYWOOD DR.

Address: Address: 13608 SOUTH VILLAGE DR APT 8203 City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: SD (X) Change () Addition

CADENA, MERCEDES G LLANOS, MARIA V Name: Name: 4160 BRENTWOOD PARK CIR. 4701 GRAINARY AVE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZMARIA BARRIENTOS PD 04/07/2009