

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 001042

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC5805583867**

**Entity Name:** CENTRO ESPANOL DE TAMPA, INC.

**Current Principal Place of Business:**

3208 N ARMENIA AVENUE, SUITE B  
TAMPA, FL 33607

**Current Mailing Address:**

P.O. BOX 4725  
TAMPA, FL 33677 US

**FEI Number: 59-0189990**

**Certificate of Status Desired: No**

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

LAZZARA, PHILIP R  
307 SOUTH BOULEVARD  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name RANON, JOHN  
Address 1108 N. FRANKLIN STREET  
UNIT 508  
City-State-Zip: TAMPA FL 33602

Title S/D  
Name BABANATS, ARLENE  
Address 3301 W. PARIS STREET  
City-State-Zip: TAMPA FL 33614

Title T/D  
Name GARCIA, MARK  
Address 1709 N. HOWARD AVENUE  
City-State-Zip: TAMPA FL 33607

Title VP/D  
Name CALDEVILLA, RICK  
Address 1709 N. HOWARD AVENUE  
City-State-Zip: TAMPA FL 33607

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN RANON**

**PRESIDENT**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date