## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004629

Entity Name: FUNDACION PATRICIA DE AYUDA SOCIAL, HUMANITARIA Y

RELIGIOSA, INC.

**Current Principal Place of Business:** 

1412 W, WATERS AVE SUITE 202 TAMPA, FL 33604

**Current Mailing Address:** 

207 E BROAD ST TAMPA, FL 33604 US

FEI Number: 06-1725038 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

FUERTE, ALEJANDRO J 1628 CRESSON RIDGE LANE BRANDON, FL 33510 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

**FILED** Apr 30, 2015

Secretary of State

CC3363411390

Officer/Director Detail:

Title P/D Title VP/D

FUERTE, ALEJANDRO J SR. Name Name DIAZ, BELKIS MARGARITA

1628 CRESSON RIDGE LANE 207 E BROAD ST Address Address

City-State-Zip: BRANDON FL 33510 City-State-Zip: TAMPA FL 33604

Title **TREASURER** Title D RABELO, ANNIE Name Name BENITEZ LOYOLA, MIGUEL Address 21325 SW. 238 ST Address OMVASOVA 677-4-MALICE PRAGA 10

City-State-Zip: HOMESTEAD FL 33031

REPUBLICA CHECA XX City-State-Zip:

Title **DIRECTOR** Title VP/D

Name ALEJO, JORGE LUIS DIAZ, JUAN CARLOS SR. Name

Address 3011 W TAMPA BAY BLVD 7426 SW. 82 ST Address

TAMPA FL 33607 City-State-Zip:

Title DIRECTOR

City-State-Zip:

Name PARISI, THOMAS CHISTOPHER

MIAMI FL 33143

Address 5620 VAN DOREN AVE

City-State-Zip: NEW PORT RICHEY FL 33652

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: ALEJANDRO JOAQUIN FUERTE

**PRESIDENTE** 

04/30/2015