

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011223

**Entity Name:** ABY'S HEART MISSION MINISTRY, INC.

**Current Principal Place of Business:**

1250 SKIPPER RD APT. 256  
TAMPA, FL 33613

**Current Mailing Address:**

1250 SKIPPER RD APT. 256  
TAMPA, FL 33613 US

**FEI Number: 84-3598102**

**Certificate of Status Desired: No**

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

VAZQUEZ, EVIDELSY  
1250 SKIPPER RD APT. 256  
TAMPA, FL 33613 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  
Name VAZQUEZ, EVIDELSY  
Address 1250 SKIPPER RD APT. 256  
City-State-Zip: TAMPA FL 33613

Title S  
Name CASTILLO, ASHLEY E  
Address 8421 LINCOLN COVE DR  
APT 102A  
City-State-Zip: TAMPA FL 33614

Title T  
Name MILLAN, CARLOS  
Address 817 LEXINGTON BLVD.  
City-State-Zip: TAMPA FL 33612

Title D  
Name MILLAN, LEEROY  
Address 11725 N. 17TH ST. #E106  
City-State-Zip: TAMPA FL 33612

Title D  
Name CRUZ, MARTHA E  
Address 2491 CHERRY HILL RD. BLDG. 2  
City-State-Zip: PALMERTON PA 18071

Title D  
Name ESPINOSA, LILLIAN  
Address 2628 LAFAYETTE AVE.  
City-State-Zip: BETHLEHEM PA 18017

*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: EVIDELSY VAZQUEZ**

**MRS**

**04/13/2021**

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

\_\_\_\_\_  
Date