

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 12:26**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 704879 (6)**  
1. Corporation Name  
**CHURCH OF GOD LATIN-AMERICAN MISSIONS, INC.**

Principal Place of Business Mailing Address  
**1006 50 ST S.  
TAMPA FL 33619** **1006 50 ST S.  
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/04/1962** 3a. Date of Last Report **05/19/1994**  
4. FEI Number **59-6146401** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS (GEORGE)  
8001 N. DALE MABRY HWY.  
TAMPA FL 6**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  
NAME **TROYA, SARA J.**  
STREET ADDRESS **2907 W. HEITER**  
CITY - ST - ZIP **TAMPA, FL 00000**  
TITLE **D**  
NAME **GREEN, JOAN**  
STREET ADDRESS **8210 RANDOLPH ST**  
CITY - ST - ZIP **RIVERVIEW FL**  
TITLE **D**  
NAME **BARRETO, ANNA**  
STREET ADDRESS **4502 W. HENRY**  
CITY - ST - ZIP **TAMPA FL**  
TITLE **STD**  
NAME **HAMMONS, PATRICIA LEE**  
STREET ADDRESS **6414 YOSEMITE DR**  
CITY - ST - ZIP **TAMPA FL**  
TITLE **PD**  
NAME **MARRERO, VICTOR**  
STREET ADDRESS **3611 AVENDA REP DE CUBA**  
CITY - ST - ZIP **TAMPA, FL 00000**  
TITLE **D**  
NAME **ELLINGER, WRIGHT H**  
STREET ADDRESS **1405 LITHIA PINECREST**  
CITY - ST - ZIP **BRANDON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia Lee Hammons* (Patricia Lee Hammons) 3/22/95 80633-1701

704879

Internal Revenue Service  
District Director

Department of the Treasury

Date: DEC 31 1975

Person to Contact:  
R. Dunn  
Telephone Number:  
(904) 791-2636  
Refer Reply to:  
720-2

Church of God Latin-American Missions, Inc.  
1006 South 50th Street  
Tampa, Florida 33619

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(i).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

You are not required to file Form 990, Return of Organization Exempt From Income Tax.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

*Charles O. DeWitt*

District Director

This determination letter modifies our letter of January 8, 1965 holding you exempt under section 501(c)(3) to the extent that it is inconsistent with this letter.