

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

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|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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

2. Principal Place of Business

2a. Mailing Address

21 **5710 NORTH NEBRASKA**
Suite, Apt. #, etc. **AVENUE**

26 **P.O. Box 152975**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **TAMPA, FLORIDA**

28 **TAMPA, FLORIDA**

24 Zip

29 Zip

33609

33684-2975

25 Hillsborough

30 HILLSBOURGH

3. Date Incorporated or Qualified

12/04/1962

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **VD** ☐ DELETE
NAME **TROYA, SARA J.**
STREET ADDRESS **2907 W. HETTER**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☒ DELETE
NAME **GREEN, JOAN**
STREET ADDRESS **9210 RANDOLPH ST**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **D** ☐ DELETE
NAME **BARRETO, ANNA-**
STREET ADDRESS **4502 W. HENRY**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☒ DELETE
NAME **HAMMONS, PATRICIA LEE**
STREET ADDRESS **8414 YOSEMITE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
NAME **MARRERO, VICTOR**
STREET ADDRESS **3611 AVENDA REP DE CUBA**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☒ DELETE
NAME **ELLINGER, WRIGHT H**
STREET ADDRESS **1405 LUTHIA PINECREST**
CITY-ST-ZIP **BRANDON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Dangel Luis Barreto**
1.3 STREET ADDRESS **4502 West Burke Street**
1.4 CITY-ST-ZIP **Tampa, FL 33614**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **ANGELA WILSON**
2.3 STREET ADDRESS **4502 West Henry Ave.**
2.4 CITY-ST-ZIP **TAMAPA, FL 33614**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **ANNA FIGUEROA**
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victor H. Marrero*

3/24/98

CR2E037 (10/97)