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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90179 017 \*\*\*\*61.25

0051994

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 704879**

1. Corporation Name

CHURCH OF GOD LATIN-AMERICAN MISSIONS, INC.

221331 - 90179 - 17

Principal Place of Business

5710 N NEBRASKA AVE  
TAMPA FL 33609  
US

Mailing Address

PO BOX 152975  
TAMPA FL 33684-975  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/04/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6146401

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 33614

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME VD  
TROYA, SARA J.  
STREET ADDRESS 2907 W. HEITER  
CITY-ST-ZIP TAMPA, FL 00000

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2508 W. Hamilton Ave.  
1.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ DELETE

NAME D  
BARRETO, ANGEL L  
STREET ADDRESS 4502 WEST BURKE ST  
CITY-ST-ZIP TAMPA FL 33614

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4505 West Burke St.  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D  
FIGUEROA, ANNA  
STREET ADDRESS 4502 W. HENRY  
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ DELETE

NAME STD  
WILSON, ANGELA  
STREET ADDRESS 4502 W HENRY AVE  
CITY-ST-ZIP TAMPA FL 33614

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 6515 Interbay Blvd.  
5.4 CITY-ST-ZIP Tampa, FL 33611

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (813)243-9022  
Date Daytime Phone #

CR2E037 (11/98)