

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90302 018 \*\*\*\*61.25

**DOCUMENT # 704879**

1. Entity Name

**CHURCH OF GOD LATIN-AMERICAN MISSIONS, INC.**

Principal Place of Business

**5710 N NEBRASKA AVE  
TAMPA FL 33609  
US**

Mailing Address

**PO BOX 152975  
TAMPA FL 33604  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6146401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	TROYA, SARA J.	
STREET ADDRESS	2508 W. HAMILTON AVE	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETO, ANGEL L	
STREET ADDRESS	4505 W. BURKE ST	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, ANNA	
STREET ADDRESS	4502 W. HENRY	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	WILSON, ANGELA	
STREET ADDRESS	4502 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARRERO, VICTOR	
STREET ADDRESS	6515 INTERBAY BLVD	
CITY-ST-ZIP	TAMPA FL 33611	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Victor Marrero**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

(813) 886-3607

Date

Daytime Phone #

CR2E037 (10/00)