

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704879

1. Entity Name

CHURCH OF GOD LATIN-AMERICAN MISSIONS, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90115 045 ****61.25

0079479

Principal Place of Business

Mailing Address

5710 N NEBRASKA AVENUE
TAMPA FL 33604
US

PO BOX 152975
TAMPA FL 33604
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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 4

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 NAME STREET ADDRESS CITY-ST-ZIP	VD TROYA, SARA J. 2508 W. HAMILTON AVE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, ANGEL L 4505 W. BURKE ST TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANNA 4502 W. HENRY TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Figueroa, Anna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5834 Red Cedar Lane Tampa, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, ANGELA 4502 W HENRY AVE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wilson, Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5834 Red Cedar Lane Tampa, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRERO, VICTOR 6515 INTERBAY BLVD TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Angela Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela Wilson 4/22/02 (813)963-0377
Date Daytime Phone #

CR2E037 (9/01)