

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90075 041 ****61.25

DOCUMENT # 704879

1. Entity Name

CHURCH OF GOD LATIN-AMERICAN MISSIONS, INC.



Principal Place of Business

5710 N NEBRASKA AVENUE
TAMPA FL 33604
US

Mailing Address

PO BOX 152975
TAMPA FL 33684
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

Name

Victor Marrero

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

6515 Interbay Blvd.

City

Tampa

FL

Zip Code

33611

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Victor L. Marrero

Victor Marrero

2/6/06

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME VD
STREET ADDRESS TROYA, SARA J.
CITY-ST-ZIP 2508 W. HAMILTON AVE
TAMPA FL 33614

TITLE ☐ Delete
NAME D
STREET ADDRESS BARRETO, ANGEL L
CITY-ST-ZIP 4505 W. BURKE ST
TAMPA FL 33614

TITLE ☐ Delete
NAME D
STREET ADDRESS FIGUEROA, ANNA
CITY-ST-ZIP 4207 MEADOW HILL DRIVE
TAMPA FL 33618

TITLE ☐ Delete
NAME STD
STREET ADDRESS WILSON, ANGELA
CITY-ST-ZIP 4207 MEADOW HILL DRIVE
TAMPA FL 33618

TITLE ☐ Delete
NAME PD
STREET ADDRESS MARRERO, VICTOR
CITY-ST-ZIP 6515 INTERBAY BLVD
TAMPA FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Angela Wilson

2/6/06

(813)963-0377