

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**MARRERO, VICTOR
6515 INTERBAY BLVD
TAMPA FL 33611**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **2322 LAKE FOREST AVE
SPRING HILL FL 34609**

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 **13304 KEARNEY WAY
TAMPA FL 33626**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **WILSON, ANGELA**
CITY- ST- ZIP **13304 KEARNEY WAY
TAMPA FL 33626**

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 **000000837153**
CITY- ST- ZIP **03/04/08-80045-007 61.25**

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

TITLE ☐ Change ☐ Addition
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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

2/19/08 (813) 963-0377