2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 737161

Entity Name: TABERNACULO LA FE DE TAMPA, INC.

Current Principal Place of Business:

2816 N NEBRASKA AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 76035
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-2239274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CABRERA, JUAN J
5820 N CHURCH AVE.
460
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	PIÑOL, JUAN	
Address:	3519 N. 10TH STREET	
City-St-Zip:	TAMPA, FL 33605 US	
Title:	TD	( ) Delete
Name:	SAMANIEGO, ABEL	
Address:	2421 CAMDEN OAKS PL	
City-St-Zip:	VALRICO, FL 33594 US	
Title:	SD	( ) Delete
Name:	MEJIA, JOHN	
Address:	3418 W. LEMON ST.	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	DE JESUS, JUAN	
Address:	10407 N PAWNEE AVE.	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	FERNANDEZ, BONNIE	
Address:	529 S. PARSONS AVE. # 103	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	MARTINEZ, CARMEN	
Address:	3102 W PARIS ST.	
City-St-Zip:	TAMPA, FL 33614	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL SAMANIEGO TD 02/12/2009

Electronic Signature of Signing Officer or Director — Date