

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 2:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 740908 (9)**

1. Corporation Name

**THE CATHEDRAL CHURCH OF JESUS OF NAZARETH, I  
NC. ( Name has been changed to Cathedral of  
Jesus of Nazareth Dec. 22nd, 1994**

Principal Place of Business

**14322 NORTH BOULEVARD  
TAMPA FL 33613**

Mailing Address

**14322 NORTH BOULEVARD  
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/29/1977**

3a. Date of Last Report

**03/25/1994**

4. FEI Number

**59-2501243**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☒

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

**21 The Cathedral**

2a. Mailing Address

**26 The Cathedral of Jesus of Nazareth**

Suite, Apt. #, etc.

**22 14322 North Blvd.**

Suite, Apt. #, etc.

**27 14322 N. Blvd.**

City & State

**23 Tampa, Florida**

City & State

**28 Tampa, Florida**

Zip

**33613**

Country

**25 Hillsborough**

Zip

**33613**

Country

**30 Hillsborough**

9. Name and Address of Current Registered Agent

**LORETO, EUGENIO N BISHOP  
14322 NORTH BOULEVARD  
TAMPA FL 33613**

10. Name and Address of New Registered Agent

**81 Name Bishop Eugenio N. Loreto  
82 Street Address (P.O. Box Number is Not Acceptable)  
14322 N. Blvd.,  
83 Tampa,  
84 City Tampa,**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this change and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | <b>P</b>                         |
| NAME           | <b>VILLAGOMEZA, CHRISTIAN G.</b> |
| STREET ADDRESS | <b>1119 DOCKSIDE DR.</b>         |
| CITY-ST-ZIP    | <b>LUTS FL</b>                   |
| TITLE          | <b>VP</b>                        |
| NAME           | <b>WEBB, FRANK</b>               |
| STREET ADDRESS | <b>16005 WOOD PINE DR.</b>       |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |
| TITLE          | <b>S</b>                         |
| NAME           | <b>VILLAGOMEZA, LIWLIWA</b>      |
| STREET ADDRESS | <b>1119 DOCKSIDE DR.</b>         |
| CITY-ST-ZIP    | <b>LUTZ FL</b>                   |
| TITLE          | <b>T</b>                         |
| NAME           | <b>PILLINER, GEORGE</b>          |
| STREET ADDRESS | <b>816 PROCLAMATION DR.</b>      |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |
| TITLE          | <b>D</b>                         |
| NAME           | <b>RAMOS, ESTELLA N.</b>         |
| STREET ADDRESS | <b>479 BOSPHORUS BLVD.</b>       |
| CITY-ST-ZIP    | <b>TAMPA, FL 00000</b>           |
| TITLE          | <b>D</b>                         |
| NAME           | <b>SANTANA, JUAN</b>             |
| STREET ADDRESS | <b>0605 LONG MEADOW DR.</b>      |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                |                                                                              |
|--------------------|------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>"D"</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | <b>President: Christian G. Villagomez</b>      |                                                                              |
| 1.3 STREET ADDRESS | <b>Bishop Eugenio N. Loreto</b>                |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>14322 N. Blvd.<br/>Tampa, Florida 33613</b> |                                                                              |
| 2.1 TITLE          | <b>"VP"</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Willis R. Goring</b>                        |                                                                              |
| 2.3 STREET ADDRESS | <b>15829 Harpton Village Drive</b>             |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>Tampa, Florida 33618</b>                    |                                                                              |
| 3.1 TITLE          | <b>"S"</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Dr. Lourdes U. Loreto, M.D.</b>             |                                                                              |
| 3.3 STREET ADDRESS | <b>4327 Middle Lake Drive</b>                  |                                                                              |
| 3.4 CITY-ST-ZIP    | <b>Tampa, Florida 33624</b>                    |                                                                              |
| 4.1 TITLE          | <b>Secretary:</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>Mrs. Amorina Beaudry</b>                    |                                                                              |
| 4.3 STREET ADDRESS | <b>12422 Cardiff Drive</b>                     |                                                                              |
| 4.4 CITY-ST-ZIP    | <b>Tampa, Florida 33625</b>                    |                                                                              |
| 5.1 TITLE          | <b>"Treasurer"</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Eugene M. Costales</b>                      |                                                                              |
| 5.3 STREET ADDRESS | <b>2939 E. Hester Street</b>                   |                                                                              |
| 5.4 CITY-ST-ZIP    | <b>Inverness, Florida 32650</b>                |                                                                              |
| 6.1 TITLE          | <b>"Public Relations"</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>Mrs. Valencia Lopez</b>                     |                                                                              |
| 6.3 STREET ADDRESS | <b>605 Nola Street</b>                         |                                                                              |
| 6.4 CITY-ST-ZIP    | <b>Inverness, Florida 32650</b>                |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or not on attachment with an address.

**SIGNATURE: Eugenio N. Loreto**

**April 28, 1995 813-060-0598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)



STATE OF FLORIDA

DEPARTMENT OF REVENUE  
SALES AND USE TAX DIVISION

CONSUMER'S CERTIFICATE OF EXEMPTION

Issued Pursuant to Sales and Use Tax Law

Chapter 212, Florida Statutes

This Certificate Is

Non-transferable

TAX ID # 59-2501243

| DATE ISSUED |     |     |
|-------------|-----|-----|
| MO.         | DAY | YR. |
| 10          | 29  | 80  |

THIS CERTIFIES THAT

The Pro-Cathedral Church  
of Jesus of Nazareth  
Incorporation  
14322 North Blvd.  
Tampa, Florida 33612

is hereby exempt from the payment of sales or use  
tax for the reason indicated opposite.

*Robert Miller*

Executive Director

EXEMPT INSTITUTIONS ARE:

1.—UNITED STATES GOVERNMENT; 2.—STATE OF FLORIDA; 3.—ANY COUNTY UNIT OR AGENCY; 4.—ANY CITY UNIT OR AGENCY; 5.—CHURCHES OR ELIGIBLE RELIGIOUS ORGANIZATIONS; 6.—NON-PROFIT CHARITABLE INSTITUTIONS AND 7.—EDUCATIONAL INSTITUTIONS MEETING LEGAL REQUIREMENTS.

If your organization operates a shop, store or restaurant you are required to be registered as a vendor with the Sales Tax Bureau and file monthly reports for the tax collected with the exception of churches.

This Certificate is issued to the above indicated institution with the understanding that it is to be used solely by the institution in purchasing tangible personal property that will be used directly in the course of their institutional activities and will not be used to personal benefit or any individual or officer of such institution. Misuse of this certificate will necessitate its revocation.

740908  
FLORIDA

OCT 20 1980

TAX EXEMPT NUMBER

05-03057-00-39

| CERTIFICATE NUMBER                                       |       |    |    |
|----------------------------------------------------------|-------|----|----|
| 05                                                       | 03057 | 00 | 39 |
| TO BE RECORDED ON<br>DEALER'S RECORDS AT<br>TIME OF SALE |       |    |    |

1. ☐ Federal
2. ☐ State
3. ☐ County
4. ☐ City
5. ☒ Religious
6. ☐ Charitable
7. ☐ Educational
- C1. ☐ Federal Credit Unions
- C2. ☐ State Credit Unions