

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762452

FILED
Mar 10, 2009
Secretary of State

Entity Name: CLUB COLOMBIA DE TAMPA, INC.

Current Principal Place of Business:

7820 NORTH ARMENIA AVENUE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151873
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-2381121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, MAX R
4204 CARROLLWOOD VILLAGE COURT
TAMPA, FL 33618 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: PD () Delete
Name: PENA, MAX R
Address: 4204 CARROLLWOOD VILLAGE COURT
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: RODRIGUEZ, JOSE H
Address: 3007 WEST FRIERSON AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: BARROS, MARCO A
Address: 17585 FAIRMEADOW DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MORENO, HERNANDO
Address: 11012 WINGATE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ECHEVERRY, FERNANDO
Address: 17806 GREY BROOKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MORENO, MARIA V
Address: 5659 C. KINGFISH DRIVE
City-St-Zip: LUZT, FL 33558

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
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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: HERNANDO MORENO

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date