2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 765597

1. Entity Name
IGLESIA CRISTIANA LIBRE DE TAMPA, INC.

FILED
Apr 14, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3006 N. ARMENIA AVE TAMPA, FL 33607	3006 N. ARMENIA AVE TAMPA, FL 33607

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01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2234487
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANGURIMA, GUSTAVO E.
3701 1/2 N. NEBRASKA AVENUE
TAMPA, FL 33603

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUAREZ, TERESA
STREET ADDRESS	2906 W. ABDELA ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	MONTALVO, MINERVA
STREET ADDRESS	3412 11TH ST N
CITY-ST-ZIP	TAMPA, FL
TITLE	TD
NAME	SANGURIMA, CARMEN
STREET ADDRESS	3701 1/2 N. NEBRASKA AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	P
NAME	SANGURIMA, GUSTAVO E
STREET ADDRESS	3701 1/2 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/04-80039-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Gustavo E Sangurima Gustavo E Sangurima PRES. 4/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #