


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 765597 1. Entity Name IGLESIA CRISTIANA LIBRE DE TAMPA, INC.	
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Principal Place of Business 3006 N. ARMENIA AVE TAMPA, FL 33607	Mailing Address 3006 N. ARMENIA AVE TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2234487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, TERESA 2908 W. ABDELA ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTALVO, MINERVA 3412 11TH ST N TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANGURIMA, CARMEN 3701 1/2 N. NEBRASKA AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANGURIMA, GUSTAVO E 3701 1/2 N NEBRASKA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000260147
03/12/05-80013-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gustavo E. Sangurima Gustavo E. SANGURIMA Pres 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #