

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90028 004 \*\*\*\*70.00

<b>DOCUMENT # 765597</b> 1. Entity Name IGLESIA CRISTIANA LIBRE DE TAMPA, INC.						
Principal Place of Business 3006 N. ARMENIA AVE TAMPA, FL 33607			Mailing Address <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXX</del> PO BOX 6171 Tampa, FL 33673-6171			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-2234487		
6. Name and Address of Current Registered Agent <del>XXXXXXXXXXXXXXXXXXXX</del> <del>3701 1/2 N. NEBRASKA AVENUE</del> <del>TAMPA, FL 33607</del>				7. Name and Address of New Registered Agent Name <b>CARLOS E. GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2919 W St. Conrad St</b> City <b>TAMPA</b>		
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.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, TERESA 2908 W. ABDELA ST. TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTALVO, MINERVA 3412 11TH ST N TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANGURIMA, CARMEN 3701 1/2 N. NEBRASKA AVENUE TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>XXXXXXXXXXXXXXXXXXXX</del> <del>3701 1/2 N. NEBRASKA AVENUE</del> <del>TAMPA, FL</del>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, CARLOS E. 2919 W St. Conrad St Tampa, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, CARLOS E. 2919 W St. Conrad St Tampa, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						
<b>SIGNATURE:</b> <u>Carlos E. Gonzalez</u> <b>CARLOS E. GONZALEZ PRES. 1/31/06.</b>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						