FILED
Jul 20, 2001 8:00 am
Secretary of State

06-04-2001 90001 036 ****75.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000816

1. Entity Name

IGLESIA EL FARO ASAMBLEAS DE DIOS OF TAMPA, FLOR

Principal Place of Business	Mailing Address
7043 W. HILLSBOROUGH AVENUE TAMPA FL 33634	7043 W. HILLSBOROUGH AVENUE TAMPA FL 33634

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPPLIED FOR — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERGARA, ESTEBAN
5112 W. 20TH AVENUE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE Esteban Vergara Pastor

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Felix Lopez - Treasurer ☒ Delete 7512 GALLINETA DR. Tampa Fl. 33612	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T abigail Contreras - Treasarer 7000 N Coarsey Dr Tampa Fl. 33604
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D Esteban Vergara - Pastor 5112 E 20 ave Tampa Fl 33619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition T Emerilda Ortiz - Secretary 5112 E 20 ave Tampa Fl 33619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Esteban Vergara REQUIRED 5/21/01 (813) 376-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #