2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0084530

FILED

03 JAN 14 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000816

1. Entity Name

IGLESIA EL FARO ASAMBLEAS DE DIOS OF TAMPA, FLORIDA, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 59-3628983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERGARA, ESTEBAN 5112 W. 20TH AVENUE TAMPA FL 33619	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. 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)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONTRERAS, ABIGAIL 7000 N COARSEY DR. TAMPA FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200010077052 01/14/03--01056--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPAS VERGARA, ESTEBAN 5112 E 20 AVE TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	01/14/03--01056--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ORTIZ, ENERILDA 5112 E 20 AVE TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200010077052 01/14/03--01056--002 **5.00	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Esteban Vergara 1-7-03 Date 813-628-8406 Daytime Phone #