

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90350 022 \*\*\*\*61.25

DOCUMENT # **NO1000003297**  
1. Entity Name  
**Welcome Home Ministry/Ministerio Hispano, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10664 Great Falls Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 47763**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tampa FL**  
Zip  
**33647**  
Country  
**USA**

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**Tampa FL**  
Zip  
**33647**  
Country  
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4. FEI Number  
**22-3782345**  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **RAFAEL E Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**10664 Great Falls Ln**  
City **Tampa** FL Zip Code **33647**

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 **[Signature]** (NOTE: Registered Agent signature required when reinstating) DATE **4-26-02**

**FEE IS \$61.25  
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director RAFAEL E. ALVAREZ 10664 Great Falls Ln Tampa FL 33647</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director MARIA DEL R. ALVAREZ 10664 Great Falls Ln Tampa FL 33647</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer JOSE COLO 7608 N. Jamaica St. Tampa FL 33604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Director Janet Suarez 7608 N. Jamaica St Tampa, FL 33604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** (RAFAEL ALVAREZ)