

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008207

1. Entity Name
U TA'AN KUXTAL MAYAN MISSION, INC.



Principal Place of Business
1619 E. NOME STREET
TAMPA, FL 33604

Mailing Address
1619 E. NOME STREET
TAMPA, FL 33604



04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3761349	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGLER, EVANGELINA
1619 E. NOME STREET
TAMPA, FL 33604

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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)

U00000413444

05/08/08-80038-017 8.75

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PECH, ALFREDO O
STREET ADDRESS 1619 E. NOME STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE VP
NAME MAY, JOSE P
STREET ADDRESS 1619 E. NOME STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE T
NAME VOGLER, EVANGELINA
STREET ADDRESS 1619 E. NOME STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE S
NAME MAQUIRE, MIRNA Y
STREET ADDRESS 1619 E. NOME STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000313954
05/08/08-80038-018 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-08