

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006457

FILED
Apr 26, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA UNIDOS EN CRISTO EN TAMPA, INC.

Current Principal Place of Business:

5101 N. ROME AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5101 N. ROME AVE.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 03-0546232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, PEDRO A
5101 N. ROME AVE.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, PEDRO A
Address: 15103 GREENHORN WAY
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: HERNANDEZ, RODOLFO
Address: 13714 OLD FARM DR.
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: PAGAN, IDA A
Address: 6715 AMUNDSON STREET
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A. HERNANDEZ

D

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date