

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 044 ****61.25

DOCUMENT # N23706 1. Entity Name LA PAZ DE CRISTO INCORPORATED					
Principal Place of Business 920 E SITKA ST TAMPA, FL 33604 US			Mailing Address 7403 ROBINDALE DR. TAMPA, FL 33619 US		
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 59-2937776				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORFFY, REV. ROLANDO R 7403 ROBINDALE RD. TAMPA, FL 33619			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP MORFFY, ROLANDO 7403 ROBINDALE ROAD TAMPA, FL 33619 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZUAL, DAVID 8303 CLERMONT ST TAMPA, FL 33637 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, IVIA 34451 COUNTRYSIDE DR ZEPHIRHILL, FL 33543 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, LEONOR 5100 FOREST HILL DRIVE TAMPA, FL 33603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RAFAEL 10412 N OTIS AVE TAMPA, FL 33612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ RAFAEL 8304 PACKWOOD AVE TAMPA FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ, GONZALO 8304 PACKWOOD AVE TAMPA, FL 33604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ GONZALO 24712 PORTOFINO DR TAMPA FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rolando R. Morffy</u> Rolando R. MORFFY 4-2-06 813-621-1900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40544031

1123706

TITLE

D

NAME

MORFFY ALICIA

STREET ADDRESS

7403 ROBINDALE RD

CITY-ST-ZIP

TAMPA FL 33619

TITLE

D

NAME

CANTOR LUZ N.

STREET ADDRESS

3306 LEROY ST

CITY-ST-ZIP

TAMPA FL 33607

TITLE

D

NAME

WALTERS OLIVIA

STREET ADDRESS

1716 HARTLEY RD

CITY-ST-ZIP

TAMPA FL 33619