

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90084 023 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2937776**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORFFY, REV. ROLANDO R  
7403 ROBINDALE RD.  
TAMPA, FL 33619**

**DO NOT WRITE  
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)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MORFFY, ROLANDO  
7403 ROBINDALE ROAD  
TAMPA, FL 33619**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OZUAL, DAVID  
8303 CLERMONT ST  
TAMPA, FL 33637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ORTIZ, IVIA  
34451 COUNTRYSIDE DR  
ZEPHIRHILL, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DUARTE, LEONOR  
5100 FOREST HILL DRIVE  
TAMPA, FL 33603**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LOPEZ, RAFAEL  
8304 PACKWOOD AVE  
TAMPA, FL 33604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CRUZ, GONZALO  
24712 PORTOFINO DR  
TAMPA, FL 33559**

**DO NOT WRITE  
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:**

*Rolando R Morffy*  
**Rolando R MORFFY**

Date

Daytime Phone #

**1-28-07 813-621-1900**

# ATTACHMENT

40014104

#123706

List of the rest of directosrs of LA PAZ DE CRISTO INCORPORATED

Title D  
Name ALICIA MORFFY  
Address 7403 ROBINDALE RD  
City-st-zip TAMPA FL 33619

Title D  
Name OLIVIA WALTERS  
Address 1716 HARTLEY RD  
City-st-zip TAMPA FL 33619

Title D  
Name LUZ N. CANTOR  
Address 3306 LEROY ST  
City-st-zip TAMPA FL 33607