

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24717

FILED
Aug 12, 2008
Secretary of State

Entity Name: PRIMERA IGLESIA METODISTA LIBRE HISPANA DE TAMPA, INC.

Current Principal Place of Business:

9602 HULSEY ROAD
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 262183
TAMPA, FL 33685 US

New Mailing Address:

9602 HULSEY ROAD
TAMPA, FL 33634 US

FEI Number: 59-2826944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: **Name and Address of New Registered Agent:**

LEBRON, CARLOS
9301 CANDLEMAKER CT.
TAMPA, FL 33615 US

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: FAJARDO, DANILO,
Address: 5920 YORKSHIRE RD.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: LEBRON, CARLOS,
Address: 9301 CANDLEMAKER CT.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SARAH L PEREZ,
Address: 7519 OAK VISTA CIR
City-St-Zip: TAMPA, FL 33634

Title: P () Delete
Name: MARTINEZ, PABLO G
Address: 4501 SCOTT ROAD
City-St-Zip: LUTZ, FL 33558

Title: V () Delete
Name: DESIREE GONZALEZ,
Address: 6609 N THATCHER AVE
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: NICHOLAS RIVERA,
Address: 10952 BRIGHTSIDE DR
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAJARDO, DANILO,
Address: 6809 CHIPPENDALE CT.
City-St-Zip: TAMPA, FL

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

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

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

Title: MR (X) Change () Addition
Name: OMAR A. SHEPHERD,
Address: 10507 CYMDEE LANE
City-St-Zip: ODESSA, FL 33556

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: OMAR SHEPHERD

MR.

08/12/2008

Electronic Signature of Signing Officer or Director

Date