2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N24717

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:

9602 HULSEY ROAD
TAMPA, FL 33634 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEBRON, CARLOS
9301 CANDLEMAKER CT.
TAMPA, FL 33615 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:	FAJARDO, DANILO	
Address:	6809 CHIPPENDALE CT.	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	( ) Delete
Name:	LEBRON, CARLOS	
Address:	9301 CANDLEMAKER CT.	
City-St-Zip:	TAMPA, FL 33615 US	
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:	MR	( ) Delete
Name:	OMAR A. SHEPHARD	
Address:	10507 CYMDEE LANE	
City-St-Zip:	ODESSA, FL 33556	
Title:	ST	( ) Delete
Name:	NICHOLAS RIVERA	
Address:	10952 BRIGHTSIDE DR	
City-St-Zip:	TAMPA, FL 33624 US	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	OMAR A. SHEPHARD	
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: CARLOS LEBRON D 06/10/2009

Electronic Signature of Signing Officer or Director — Date