

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47523 (8)

1. Corporation Name

HOSANNA ASSEMBLY, INC.



Principal Place of Business

9100 EL PORTAL
TAMPA FL 33606

Mailing Address

9100 EL PORTAL
TAMPA FL 33606

3. Date Incorporated or Qualified
02/21/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3123373

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES, RAFAEL
1525 RIVER-SHORE
TAMPA FL 33603

81 Name

Valdes, Rafael

82 Street Address (P.O. Box Number is Not Acceptable)

1008 Blann St.

83

84 City

Tampa

FL

85 Zip Code

33603

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rafael Valdes

Rafael Valdes

2-5-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VALDES, RAFAEL	
STREET ADDRESS	1525 RIVER SHORE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, MARITA	
STREET ADDRESS	4715 EL DORADO	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	NANCU, BELLO	
STREET ADDRESS	1525 RIVER SHORE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valdes, Rafael	
1.3 STREET ADDRESS	1008 Blann St.	
1.4 CITY-ST-ZIP	Tampa, FL 33603	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Janeke Benitez	
2.3 STREET ADDRESS	8404 Flagstone Dr.	
2.4 CITY-ST-ZIP	Tampa, FL 33615	
3.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy Bello	
3.3 STREET ADDRESS	7505 Callineta Ct.	
3.4 CITY-ST-ZIP	Tampa, FL 33615	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500001742025	
5.4 CITY-ST-ZIP	-03/13/96--01105--011	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rafael Valdes 2-5-96 (813) 238-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-5-96

CR2E037 (12/95)