

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004014

FILED
Apr 27, 2007
Secretary of State

Entity Name: CONSEJO DEL EXILIO CUBANO DEL AREA DE LA BAHIA DE TAMPA, INC.

Current Principal Place of Business:

5607 MACALLAN DRIVE
TAMPA, FL 336251354

New Principal Place of Business:

Current Mailing Address:

5607 MACALLAN DRIVE
TAMPA, FL 336251354

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FERNANDEZ, OSBERTO M.D.
5607 MACALLAN DRIVE
TAMPA, FL 336251354 US

Name and Address of New Registered Agent:

FERNANDEZ, OSBERTO B M.D.
5607 MACALLAN DRIVE
TAMPA, FL 336251354 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: OSBERTO B. FERNANDEZ

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, OSBERTO B
Address: 5607 MACALLAN DR
City-St-Zip: TAMPA, FL 336241354

Title: D () Delete
Name: LIMA, LUIS
Address: 6408 N. TATCHER AVE.
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: RODRIGUEZ, CONCEPCION
Address: 13902 DENELL LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: CARMONA, ADA G
Address: 3127 W SLIGH AE., APT., 101A
City-St-Zip: TAMPA, FL 336144743

Title: D () Delete
Name: HAMPTON, WARREN
Address: 520 ROYAL GREEN DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FERNANDEZ, OSBERTO B MD
Address: 5607 MACALLAN DR
City-St-Zip: TAMPA, FL 336241354

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:

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: OSBERTO B. FERNANDEZ

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date