FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

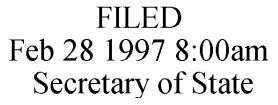
Secretary of State

Secretary of State V

1997

DOCUMENT # N9600001521 (1)

OPERATION PHILLIP MINISTRY "LED BY THE SPIRIT", INC.





Principal Plac	ce of Business	Mailing Address				t sameriner mite satsan antern mutet mutets annet mutet mitial mitial film (ilme) side (ilme) side (ilme)			
9518 NO 12TH TAMPA FL 3360		3518 NO 12TH STREET TAMPA FL 33605-1016							
						3. Date Incorporated or Qualified 03/15/1996	3a. Da	ite of Last	l Report
2. Principal F	Place of Business	2a. Mailing Address 26 Pro Bo	X 84	11		4. FEI Number 52-3373176		$\overline{}$	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~ ~ /		<u></u>				Not Applicable 5 Additional
22		27	W			5. Certificate of Status Desired			Required
City & Stat	le	City & State	r i			6. Election Campaign Financing		\$5.0	May Be
23 Zip	Country	28 / Q M PQ , F	Country			Trust Fund Contribution	<u> </u>		d to Fees
24	25	سا مد د باید در است.		<u>54</u>	7	8. This corporation has liability for in Florida Statutes		tax upder No	r s. 199.032,
	9. Name and Address of Current					10. Name and Address of New Reg	_	_	
			61	Na	me				
Vazquez, Ruben					eet Addre	ess (P.O. Box Number is Not Acceptable	e)		
) 12TH STREET						-,		
tampa f	FL 33605		83	1					
			84	Cit	у		FI	85 Zij	p Code
11 Percuant	to the provisions of Spetions 617 0603	and 617 1509 Florida Statutos	the obay			oration submits this statement for the pu	<u>FL</u>		
onice or r	registered agent, or both, in the State o	it Florida. Such change was au	thorized b	v the	corporati	ionation submits this statement for the place of the plac	the app	cnanging sintment a) its registered as registered
-	im familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statute	S .					•
SIGNATURE .	Signature typed or printed name of registered agent	and title if applicable. (NOTE-1	Registered Age	ent sign	ature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE					Change	e 🔲 Addition
NAME	Vazquez, Ruben		1.2 NAME						
STREET ADDRESS	C/O 3518 NO. 12TH STREET		1.3 STREET	T ADDRI	ESS				
CITY-S1-ZIP	TAMPA FL 33605		1.4 CITY-5	ST-ZIP					
TITLE	SD	☐ DELETE	21 TITLE					Change	e Addition
NAME I	DIAZ, AIDA E		2.2 NAME		j				
STREET ADDRESS	C/O 3518 NO. 12TH STREET		2.3 STREET		SS				
CITY - ST - ZIP TITLE	TAMPA FL 33605	DELETE	2.4 City-1	ST-ZIP				Change	e Addition
NAME.	RIVERA, NAGGY	<u> </u>	3.2 NAME		1			Change	: LJ AUUNION
STREET ADDRESS	C/O 3518 NO. 12TH STREET		3.3 STAEET	r annei	:00				
CITY-ST-ZIP	TAMPA FL 33605		3.4. CITY -						
TITLE	D	DELETE	4.1 TITLE	01 211				Change	e Addition
NAME	ROSADO, JOSE		4. 2 NAME					_ •	
STREET ADDRESS	C/O 3518 NO. 12TH STREET		4.3 STREET	T ADDRE	ss				
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY - S	ST-ZIP					
TITLE	D	DELETE	5.1 TITLE					☐ Change	Addition
NAME	VAZQUEZ, RAQUEL		5.2 NAME						
STREET ADDRESS	C/O 3518 NO. 12TH STREET		5.3 STREET	ADDRE	SS				
CITY-ST-ZIP	TAMPA FL 33605		5.4 CITY+S	ST-ZIP					
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRE	SS				
CITY-ST-ZIP			6.4 CITY-S						
STREET ADDRESS CITY-ST-ZIP	by certify that the information supplied	with this filing does not qualify	6.3 STREET 6.4 CITY-S	ST-ZIP		in Section 119.07(3)(i). Florida Statutes	I further	certify the	at the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

(1) super Ruse Vezquez 1-