## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 16 1998 8:00am Secretary of State

		1990						
DOCUMENT # N9600001521 (1)								
OPERATION PHILLIP MINISTRY "LED BY THE SPIRIT", INC.  Principal Place of Business Malling Address								
3518 NO 12TH STREET PO BOX 8410						3. Date Incorporated or Qualified		
TAN	IPA FL 3360	06	TAMPA FL 33674-8410 US			03/15/1996		
l						4. FEI Number	,	pplied For
2.	Principal P	lace of Business	2a. Mailing Address			59-3373176		lot Applicable Additional
21			26			5. Certificate of Status Desired		Required
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00		
22	City & State		City & State			7. Is this nonprofit corporation a homeowne	Added t	
23		28					No No	
	Zip	Country	Zip	Country		This corporation owes or has paid the cu     Personal Property Tax due June 30.		ntangible No
24		25] 9. Name and Address of Currer		30		10. Name and Address of New Registered		NO NO
				81	Name		,	
VAZQUEZ, RUBEN					Street Addr	ress (P.O. Box Number is Not Acceptable)		
3518 NO 12TH STREET TAMPA FL 33605				63			<del></del>	
	IAMPA I	rL 33800						
				84	City	FL	85 Zip	Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida</li> </ol>					-named corp	poration submits this statement for the purpose of jon's board of directors. I hereby accept the app	f changing	its registered
	agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statutes	i.	and a court of all colors. This cas, according to app	701111110177	70010104
SI	GNATURE .	Signature, typed or printed name of registered agr	ent and little if applicable. (NOTE:	Registered Age	nt signature requir	red when reinstating) DATE		
12			ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	RS IN 12
TIT	LĒ	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
		VAZQUEZ, RUBEN		1.2 NAME	ĺ			
STREET ADDRESS		C/O 3518 NO. 12TH STREET		1.3 STREET	- 1			
CITY-ST-ZIP TITLE		TAMPA FL 33605 SD			T-ZIP		Change	☐ Addition
	NAME DIAZ, AIDA E		C) otten	2.1 TITLE 2.2 NAME			C_ Orlango	
STREET ADDRESS C/O 3518 NO. 12TH STREET			2.3 STREET ADDRESS		<b>1.</b> ₹ 1. √2.			
СП	Y-ST-ZIP	TAMPA FL 33605		2. 4 CITY-S	ST-20P			_
ÌΠ	LE	TD	DELETE	3.1 TITLE			Change	☐ Addition
NA	ME	RIVERA, NAGGY		3.2 NAME				
	EET ADDRESS	C/O 3518 NO. 12TH STREET TAMPA FL 33605		3.3 STREET				
TIT	Y-ST-ZIP	D TAMPA PL 33003	DELETE	3.4. CITY - S 4.1 TITLE	ST-ZIP		Change	Addition
NA		ROSADO, JOSE		4. 2 NAME			C.M. 017Mily1	
	EET ADDRESS	C/O 3518 NO. 12TH STREET		4.3 STREET	ADDRESS			
Çп	Y-ST-ZIP	TAMPA FL 33605		4.4 CITY-S	T-ZIP		_	
TIT	LĒ	D	☐ DELETE	5.1 TITLE			Change	☐ Addition
NA		VAZQUEZ, RAQUEL		5.2 NAME				į
STREET ADDRESS		C/O 3518 NO. 12TH STREET		5.3 STREET ADDRESS				
TIT	Y-\$1-ZIP	TAMPA FL 33605	DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP		Change	Addition
NAI				6.2 NAME			The country	PROBLEM
	EET ADORESS			6.3 STREET	ADDRESS			
ا"ا	act new new			9.5 G114.E1				

14. I 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 ettachment with an address

SIGNATURE:

Jago E tuura

2-9-98 (813) 349-7562

2E037 (10/9)