

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004085 (4)**

1. Corporation Name

PRIMERA IGLESIA METODISTA UNIDA HISPANA DE TAMPA, INC.



Principal Place of Business 4410 W SLIGH AVE TAMPA FL 33614	Mailing Address 3317 ABDELLA ST TAMPA FL 33607-1508
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3. Date Incorporated or Qualified 08/06/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 25	3b. Date of Last Report N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORVO, ROBERTO
5604 N ALBANY AVE
TAMPA FL 33614**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 *[Signature]* **1-7-97**
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 P.	PRESIDENT - ADMINIST. COUNS. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO CALCINES ADD	1.2 NAME	
STREET ADDRESS	6802 N. CLARK AVE.	1.3 STREET ADDRESS	PASTOR
CITY-ST-ZIP	TAMPA, FL. 33614	1.4 CITY-ST-ZIP	3317 W. ABDELLA ST. DELETE
TITLE S.	SECRETARY ADM. COUNCIL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEE FABADA ADD	2.2 NAME	
STREET ADDRESS	3401 N. LAKEVIEW DRIVE #1513	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	2.4 CITY-ST-ZIP	
TITLE T.	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARO BRUNCAS ADD	3.2 NAME	
STREET ADDRESS	7104 S. 36TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	3.4 CITY-ST-ZIP	
TITLE D.	LAY LIDER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRNITA FERRER ADD	4.2 NAME	
STREET ADDRESS	11407 CYPRESS PARK ST. (CASEY LANDING)	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33624	4.4 CITY-ST-ZIP	
TITLE D.	P.P.R. COMMITE PRESIDENT. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELA LOPEZ ADD	5.2 NAME	
STREET ADDRESS	3113 IDLEWILD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	5.4 CITY-ST-ZIP	
TITLE TRP.	FINANCIALS, PRESIDENT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO CORVO ADD	6.2 NAME	
STREET ADDRESS	5604 N. ALBANY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33603	6.4 CITY-ST-ZIP	

14. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 813-872-0113
Date Daytime Phone # **0047440**

CR2E037 (9/96)