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Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004085 (4)

1. Corporation Name

PRIMERA IGLESIA METODISTA UNIDA HISPANA DE TAMPA
, INC.

Principal Place of Business

4410 W SLUGH AVE
TAMPA FL 33614

Mailing Address

3317 ABDELLA ST
TAMPA FL 33607

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 4410 W. SLUGH AVE.

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33614

Country

25 HILLSB.

2a. Mailing Address

26 3317 ABDELLA ST.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33607

Country

30 HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ 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

FL

85 Zip Code

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, 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 ☐ DELETE

P
NAME CALCINES, EDUARDO
STREET ADDRESS 6902 N CLARK AVE
CITY-ST-ZIP TAMPA FL 33614

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME FABABA, HAYDEE
STREET ADDRESS 3401 N LAKEVIEW DR #1513
CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

T
NAME BRINGAS, LAZARO
STREET ADDRESS 7104 S 36TH AVE
CITY-ST-ZIP TAMPA FL 33619

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME FEBLES, MIRNITA
STREET ADDRESS 11407 CYPRESS PARK ST
CITY-ST-ZIP TAMPA FL 33624

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME LOPEZ, ADELA
STREET ADDRESS 3113 IDLEWILD AVE
CITY-ST-ZIP TAMPA FL 33614

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TRD
NAME CORVO, ROBERTO
STREET ADDRESS 5604 N ALBANY AVE
CITY-ST-ZIP TAMPA FL 33603

6.1 TITLE ☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE

CR2E037 (1097)