

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90104 006 ****70.00

DOCUMENT # N96000004085

1. Corporation Name

PRIMERA IGLESIA METODISTA UNIDA HISPANA DE TAMPA, INC.

Principal Place of Business

4410 W SLIGH AVE
TAMPA FL 33614
US

Mailing Address

3317 ABDELLA ST
TAMPA FL 33607



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORVO, ROBERTO
5604 N ALBANY AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

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

TITLE **P** ☒ DELETE

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

TITLE **S** ☐ DELETE

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

TITLE **T** ☐ DELETE

NAME **BRINGAS, LAZARO**
STREET ADDRESS **7104 S 38TH AVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **TRD** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **ALEJANDRO VERGE**
1.3 STREET ADDRESS **3317 W. ABDELLA ST.**
1.4 CITY-ST-ZIP **TAMPA FL 33607**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **ROSA VILLALONGA**
4.3 STREET ADDRESS **3007 AILEEN ST**
4.4 CITY-ST-ZIP **TAMPA FL 33607**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 8138720113

CR2E037 (11/98)