

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90233 045 \*\*\*\*70.00

**DOCUMENT # N97000003459**



1. Entity Name  
**TAMPA FIRST HISPANIC CHURCH OF THE NAZARENE, INC.**

Principal Place of Business  
**109 APRIL LANE  
TAMPA, FL 33614**

Mailing Address  
**109 APRIL LANE  
TAMPA, FL 33614**

40004000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3351922**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, J. EDGAR  
4105 LAMBRIGHT ST.  
TAMPA, FL 33614**

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

**4417 W. Knollwood St.**

City

**Tampa**

**FL**

Zip Code

**33614**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORTES, MARIA 4515 W. SLIGH AVE. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRUZ, JOHANA 6225 N DALE MABRY 311 TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, J. EDGAR 6607 N. CAMERON AVE. TAMPA, FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRIZARRY, ELIZABETH 4405 W. NORTH ST. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, ANTONIO 4515 W. SLIGH AVE. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, EMILIA 6206 N. CAMERON AVE. TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Eladio Herrera 14802 N. Florida Ave Apto. 239 Tampa, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Abigail Astrana 5410 Mountain Farm Ct. Tampa, FL 33624-1565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4417 W. Knollwood St. Tampa, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aramis Alvarez 30450 Tremont Dr Wesley Chapel, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose Alvarez 6818 N. Hubert Ave. Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Ann Cortes 4417 W. Knollwood St. Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05