


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 016 \*\*\*\*70.00

<b>DOCUMENT # N97000003459</b> 1. Entity Name <b>TAMPA FIRST HISPANIC CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>109 APRIL LANE TAMPA, FL 33614</b>			Mailing Address <b>109 APRIL LANE TAMPA, FL 33614</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3351922</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIAZ, J. EDGAR 4417N W KNOLLWOOD ST TAMPA, FL 33614</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALBARRACIN, SONIA</b>		NAME	<b>Cortes, Sonia</b>	
STREET ADDRESS	<b>09 APRIL LN</b>		STREET ADDRESS	<b>109 April Lane</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP	<b>Tampa, FL 33613</b>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PASTRANA, ABIGAIL</b>		NAME		
STREET ADDRESS	<b>5410 MOUNTAIN FARM CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 336241565</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAZ, J. EDGAR</b>		NAME		
STREET ADDRESS	<b>4417 W KNOLLWOOD ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAZ, FRANK</b>		NAME		
STREET ADDRESS	<b>3018 HEITER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORETS, MARIO</b>		NAME	<b>CORTES, MARIA</b>	
STREET ADDRESS	<b>4514 WEST SLIGH AVE</b>		STREET ADDRESS	<b>4514 WEST SLIGH AVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP	<b>TAMPA, FL 33614</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORTES, NANCY ANN</b>		NAME		
STREET ADDRESS	<b>4417 W KNOLLWOOD ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-15-08</b> Daytime Phone # _____		