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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006176 (8)**

1. Corporation Name

**FILIPINO INTERNATIONAL CHRISTIAN CHURCH OF TAMPA
, INCORPORATED**

Principal Place of Business

Mailing Address

**17515 LAKESHORE ROAD
LUTZ FL 33549**

**17515 LAKESHORE ROAD
LUTZ FL 33549**

2. Principal Place of Business

2a. Mailing Address

21 **N/A**

26 **N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**

27 **N/A**

City & State

City & State

23 **N/A**

28 **N/A**

Zip

Country

Zip

Country

24 **N/A**

25 **N/A**

29 **N/A**

30 **N/A**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3408211

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

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

**EVANGELISTA, HERBERTO
17515 LAKESHORE ROAD
LUTZ FL 33549**

81 Name

N/A

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

N/A

83

N/A

84 City

N/A

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 **D** ☐ DELETE

NAME **EVANGELISTA, HERBERTO**
STREET ADDRESS **17515 LAKESHORE ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **DURIAS, DANNY**
STREET ADDRESS **17515 LAKESHORE ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

2.1 TITLE **D** ☒ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **SAN LUIS, ROSALINDA**
STREET ADDRESS **17321 LAKESHORE ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

2.2 NAME **SANTOS, ARTURO**
2.3 STREET ADDRESS **17515 LAKESHORE ROAD**
2.4 CITY-ST-ZIP **LUTZ, FL 33549**

3.1 TITLE **S/D** ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME **SAN LUIS, ROSALINDA**
3.3 STREET ADDRESS **17321 LAKESHORE ROAD**
3.4 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE


NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

 **HERBERTO EVANGELISTA**

4/22/98 (813)269-9532

Date

Daytime Phone #

0046797

CR2E037 (10/97)