2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # N9700006176 FILIPINO INTERNATIONAL CHRISTIAN CHURCH OF TAMPA 04-23-2000 90005 001 ****70.00 Principal Place of Business Mailing Address 17515 LAKESHORE ROAD 17515 LAKESHORE ROAD LUTZ FL 33549 LUTZ FL 33549-4802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3408211 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EVANGELISTA, HERBERTO 17515 LAKESHORE ROAD **LUTZ FL 33549** Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change X Addition TITLE ☐ Delete TITLE SARINGO, EVEL 17515 LAKESHORE ROAD LUTZ, FL 33549-4802 NAME EVANGELISTA, HERBERTO STREET ADDRESS 17515 LAKESHORE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 *- 4802* Ð 💢 Delete TITLE Change Addition TITLE NAME VERUASA. CATALINO NAME SANTOS APTUROS 17515 LAKESHORE ROAD STREET ADDRESS STREET ADDRESS 43545-EAKESHORE-ROAD LUTZ, FL 33549-4802 CITY-ST-ZIP LUTZ-FL-33549 CITY-ST-ZIP TID SD TITLE Change **⊠** Addition Delete TITLE TANG, SONIA 17515 LAKESHORE ROAD SAN LUIS, ROSALINDA NAME NAME STREET ADDRESS STREET ADDRESS 17321-LAKESHORE-ROAD LUTZ, FL 33549-4802 CITY-ST-ZIP CITY-ST-ZIP LUTZ FE 33549- Change Addition TITLE ☐ Delete TITLE BLANCO, MARIA NAME NAME 17515 LAKESHORE ROAD STREET ADDRESS STREET ADDRESS LUTZ, FL 33549-4802 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE M Addition RODRIGUEZ, JULIO NAME NAME STREET ADDRESS *17515 LAKESHORE ROAD* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FL 33549-4802 ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7/P

changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR