

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90002 032 ****70.00

DOCUMENT # N97000006176

1. Entity Name

FILIPINO INTERNATIONAL CHRISTIAN CHURCH OF TAMPA

Principal Place of Business

Mailing Address

17515 LAKESHORE ROAD
 LUTZ FL 33549

~~17515 LAKESHORE ROAD~~
~~LUTZ FL 33549~~

2. Principal Place of Business

3. Mailing Address

P. O. BOX 340502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FLORIDA

4. FEI Number

59-3408211

Applied For

Not Applicable

Zip

Country

Zip

Country

33694

USA

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

EVANGELISTA, HERBERTO
17515 LAKESHORE ROAD
LUTZ FL 33549

Name

EVEL C. SARINGO

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

17515 LAKESHORE ROAD

City

LUTZ

FL

Zip Code

33549-4802

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **EVANGELISTA, HERBERTO**
 STREET ADDRESS **17515 LAKESHORE ROAD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **SARINGO, EVEL**
 STREET ADDRESS **17515 LAKESHORE ROAD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **VERUASA, CATALINO**
 STREET ADDRESS **17515 LAKESHORE RD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **TANG, SONIA**
 STREET ADDRESS **17515 LAKESHORE RD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BLANCO, MARIA**
 STREET ADDRESS **17515 LAKESHORE RD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **RODRIGUEZ, JULIO**
 STREET ADDRESS **17515 LAKESHORE RD**
 CITY-ST-ZIP **LUTZ FL 33549-4802**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARTINEZ, JANETTE**
 STREET ADDRESS **17515 LAKESHORE ROAD**
 CITY-ST-ZIP **LUTZ, FL 33549-4802**

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:

EVEL C. SARINGO

01/11/01

(813) 969-3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)