

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90071 024 \*\*\*\*61.25

DOCUMENT # **197000006170**

1. Entity Name

**Filipino International CHRISTIAN CHURCH  
OF TAMPA, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4504 BLUE TEE #72**

3. Mailing Address

**9480 LARKBUNTING DR**

Suite, Apt. #, etc.

**TAMPA**

Suite, Apt. #, etc.

City & State

**FLORIDA**

City & State

**TAMPA, FL**

4. FEI Number

**593409211**

Applied For

Not Applicable

Zip

**33613**

Country

**USA**

Zip

**33647**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**CATALINO VERUSA**

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

**9430 LARKBUNTING DR**

City

**TAMPA**

**FL**

Zip Code

**33647**

**DO NOT WRITE  
IN THIS SPACE**

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

**CATALINO VERUSA - VICE-CHAIRMAN**

**3/20/02**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN REV. RIC DOGUILLES 4504 BLUE TEE #72 TAMPA, FL 33613</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE - CHAIRMAN CATALINO VERUSA 9430 LARKBUNTING DR. TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR - (TREASURER) MARIA BLANCO 7905 N. THATCHER AVE. TAMPA, FL 33614</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR - (SECRETARY) SONIA TANG 4536 W. SOLEWILD TAMPA, FL 33614</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR - (MANAGING) JAY BLAIR 1813 WELLAND DR CLEARWATER, FL 33756</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICARDO B. DOGUILLES**

**3/20/02**

DATE

**(813) 977-2859**

DAYTIME PHONE #

CR2E037B (12/01)