


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-02-2004 90008 030 ****70.00

DOCUMENT # N97000006482 1. Entity Name IGLESIA BAUTISTA REDENCION DE TAMPA, INC.					
Principal Place of Business 5609 N LOIS AVE TAMPA FL 33614			Mailing Address 5609 N LOIS AVE TAMPA FL 33614		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEYVA, DAVID 5609 N LOIS AVE TAMPA FL 33614				Name _____ Street Address (P.O., Box Number, is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, JOSE <input type="checkbox"/> Delete 8009 PADOKA TAMPA FL 33614				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIAS, LEDA P <input type="checkbox"/> Delete 5803 N HALE AVE TAMPA FL 33164				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANIBAL GONZALEZ <input type="checkbox"/> Delete 4507 LACE CASCACE CT LUTZ FL 33558				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete David Leyva 5811 N. Thatcher AV Tampa FL 33614				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>David Leyva</i> (David Leyva) President 1/27/04 (813) 884-8079 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Leda P. Mejias</i> (Leda P. Mejias)					