

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 010 ****61.25

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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

20000036



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482746

Applied For

Not Applicable

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

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

X DAVID Leyva - President

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

(NOTE: Registered Agent signature required when reinstating)

1-26-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLASENCIA, JOSE	
STREET ADDRESS	8009 PADOKA	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEJIAS, LEDA P	
STREET ADDRESS	5803 N HALE AVE	
CITY-ST-ZIP	TAMPA FL 33164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANIBAL, GONZALEZ	
STREET ADDRESS	4507 LACE CASCACE CT	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEYVA, DAVID	
STREET ADDRESS	5811 N. THATCHER AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. SARA VIZCAY	
STREET ADDRESS	5137 ST. VINCENT ST	
CITY-ST-ZIP	TAMPA, FL. 33614-6673	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY J. BELLINI	
STREET ADDRESS	4708 Foxshire Cir	
CITY-ST-ZIP	Tampa, FL. 33624	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tirso Castillo	
STREET ADDRESS	15010 Patterson Rd.	
CITY-ST-ZIP	Odessa FL. 33556	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaac Nieves	
STREET ADDRESS	7206 Cameron Dr	
CITY-ST-ZIP	Tampa, FL. 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

X David Leyva

David Leyva president 1-26-05 (813) 884-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #