


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 021 ****70.00

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| DOCUMENT # N97000006482 | |  |
| 1. Entity Name IGLESIA BAUTISTA REDENCION DE TAMPA, INC. | | |

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|---|---|
| Principal Place of Business 5609 N LOIS AVE TAMPA, FL 33614 | Mailing Address 5609 N LOIS AVE TAMPA, FL 33614 |
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DO NOT WRITE IN THIS SPACE

03072006 No Chg-NP CR2E037 (11/05)

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|---|-------------------------------|
| 4. FEI Number 59-3482746 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEYVA, DAVID
5609 N LOIS AVE
TAMPA, FL 33614

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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 David Leyva Print DAVID LEYVA DATE 3/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8. VIZCAY, SARA DR. 5137 ST VINCENT ST. TAMPA, FL 336146673 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS BELLINNI, JAY J 4708 FORSHIRE CIR TAMPA, FL 33624 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS CASTILLO, TIRSO 15010 PATTERSON RD ODESSA, FL 33556 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEYVA, DAVID 5811 N. THATCHER AVE TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS NIEVES, ISAC 7206 CAMERON DR TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS Abel Roche 15502 Timberlain Dr Tampa, FL 33624 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David Leyva DAVID LEYVA DATE 3/22/06 (813) 884-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR