


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2007 08:00 AM
Secretary of State

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

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01092007 No Chg-NP CR2E037 (4/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIZCAY, SARA DR. 5137 ST VINCENT ST TAMPA, FL 336146873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BELLINI, 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	T ROCHE, ABEL 15502 TIMBERLAIN DR TAMPA, FL 33624

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02/08/07-80064-012 70.00

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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 - President 1/30/07 (813) 884-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Before Phone #