

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



01092007 No Chg-NP

CR2E037 (4/06)

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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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 S
NAME VIZCAY, SARA DR.
STREET ADDRESS 5137 ST VINCENT ST
CITY-ST-ZIP TAMPA, FL 336148873

TITLE TRUS
NAME BELLINI, JAY J
STREET ADDRESS 4708 FORSHIRE CIR
CITY-ST-ZIP TAMPA, FL 33624

TITLE TRUS
NAME CASTILLO, TIRSO
STREET ADDRESS 15010 PATTERSON RD
CITY-ST-ZIP ODESSA, FL 33556

TITLE P
NAME LEYVA, DAVID
STREET ADDRESS 5811 N. THATCHER AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE TRUS
NAME NIEVES, ISAC
STREET ADDRESS 7206 CAMERON DR
CITY-ST-ZIP TAMPA, FL 33614

TITLE T
NAME ROCHE, ABEL
STREET ADDRESS 15502 TIMBERLAIN DR
CITY-ST-ZIP 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* - DAVID LEYVA - President 1/30/07 (813) 884-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #