
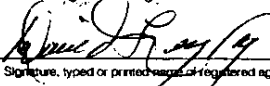



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90026 006 \*\*\*\*70.00

<b>DOCUMENT # N9700006482</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3482746	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 		(NOTE: Registered Agent signature required when reinstating)		DATE 1/22/08	
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIZCAY, SARA DR.		NAME		
STREET ADDRESS	5137 ST VINCENT ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336146673		CITY-ST-ZIP		
TITLE	TRUS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLINI, JAY J		NAME		
STREET ADDRESS	4708 FORSHIRE CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, TIRSO		NAME		
STREET ADDRESS	15010 PATTERSON RD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEYVA, DAVID		NAME		
STREET ADDRESS	5811 N. THATCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIEVES, ISAC		NAME		
STREET ADDRESS	7206 CAMERON DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCHE, ABEL		NAME		
STREET ADDRESS	15502 TIMBERLAIN DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
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: 		SIGNATURE AND DATED BY (PRINT NAME OF SIGNING OFFICER OR DIRECTOR)		DATE 1/22/08	
				Daytime Phone #	