

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006482

FILED
Jan 20, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA REDENCION DE TAMPA, INC.

Current Principal Place of Business:

5609 N LOIS AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

5609 N LOIS AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3482746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYVA, DAVID
5609 N LOIS AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: VIZCAY, SARA DR.
Address: 5137 ST VINCENT ST
City-St-Zip: TAMPA, FL 336146673

Title: TRUS () Delete
Name: CASTILLO, TIRSO
Address: 15010 PATTERSON RD
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: LEYVA, DAVID
Address: 5811 N. THATCHER AVE
City-St-Zip: TAMPA, FL 33614

Title: TRUS () Delete
Name: NIEVES, ISAC
Address: 7206 CAMERON DR
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: ROCHE, ABEL
Address: 15502 TIMBERLAIN DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DVID LEYVA/PASTOR

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date