

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008093

**Entity Name:** CASA DE REFUGIO TAMPA CORP.

**Current Principal Place of Business:**

6217 N. HALE AVE  
TAMPA, FL 33614

**Current Mailing Address:**

6217 N. HALE AVE  
TAMPA, FL 33614 US

**FEI Number:** 84-2834460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRUZ, RAMON JR.  
6217 N. HALE AVE.  
TAMPA, FL 33614 US

*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

**Officer/Director Detail :**

Title P  
Name CRUZ, RAMON JR  
Address 6217 N. HALE AVE  
City-State-Zip: TAMPA FL 33614

Title VP  
Name CRUZ, NYDIA M  
Address 6217 N. HALE AVE  
City-State-Zip: TAMPA FL 33614

Title S  
Name CRUZ, NADIA L  
Address 6217 N. HALE AVE.  
City-State-Zip: TAMPA FL 33614

I hereby 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 all other like empowered.

**SIGNATURE:** RAMON CRUZ JR

P

03/24/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date