

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010571

Entity Name: MINISTERIO MUJERES RESTAURADAS POR DIOS, INC.**Current Principal Place of Business:**715 E. BIRD ST.
SECOND FLOOR SUITE LS-1
TAMPA, FL 33604**Current Mailing Address:**P.O> BOX 15284
TAMPA, FL 33684-5284 US**FEI Number: 81-2296190****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERNANDEZ, ANTHONY
306 E. SELMA ST.
APT. 3
TAMPA, FL 33603 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	ROJAS HERNANDEZ, NANCY
Address	P.O. BOX 15284
City-State-Zip:	TAMPA FL 33614

Title	VP
Name	HERNANDEZ, ANTHONY
Address	306 E. SELMA ST. APT. 3
City-State-Zip:	TAMPA FL 33603

Title	S
Name	AYALA, YARIMAR
Address	705 E 124TH AVE.
City-State-Zip:	TAMPA FL 33612

Title	T
Name	FONSECA-ALAMO, KAREN
Address	11718 N. 58TH ST. APT L
City-State-Zip:	TAMPA FL 33617

Title	DIRECTOR
Name	GONZALEZ, DENISE REV
Address	12705 ALIDA PL
City-State-Zip:	TAMPA FL 33625

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: NANCY ROJAS-HERNANDEZ**PRESIDENT****05/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date