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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736709

1. Corporation Name

IGLESIA BAUTISTA MISIONERA OF TAMPA, INC.

Principal Place of Business  
%FELLOWSHIP BAPTIST CHURCH  
2225 E. 109 AVENUE  
TAMPA FL 33612

Mailing Address  
%FELLOWSHIP BAPTIST CHURCH  
2225 E. 109 AVENUE  
TAMPA FL 33612



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
08/30/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2906178

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRILLO, JULIO C., REV  
1903 DAKE LANE  
TAMPA FL 33613

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* P.D.

4-6-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME CASTRILLO, JULIO C., REV  
STREET ADDRESS 1903 DAKE LANE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME TERRERO, WILSON  
STREET ADDRESS 8310 N 10TH ST  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME PERDOMO, EDNA NYDIA  
STREET ADDRESS 8513 BRIAR GROVE CIR  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME LEON, MANUEL  
STREET ADDRESS 6812 DOVER CT  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* C. Castriello 4-6-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)