2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1/36709 May 22, 2001 8:00 am Secretary of State 1. Entity Name IGLESIA BAUTISTA MISIONERA OF TAMPAI 05-22-2001 90631 019 ****61.25 Principal Place of Business Mailing Address % West Broad Baptist Church West Broad Baptist Church 3809 W. Broad St. 3809 W. Broad St. Tampa, F1 33614 Tampa,F1 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2906178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Castrillo Julio C. Rev. Street Address (P.O. Box Number is Not Acceptable) 5160 Tennis Ct. Cir Tampa, F1 33617-4718 City 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. SIGNATURE Rev. <u>Julio C. Castrillo</u> Signature, typed or printed na gent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (11/00) TITLE ☐ Delete TITLE Addition NAME NAME Castrillo Julio C. Rev. STREET ADDRESS STREET ADDRESS 5160 Temmis Ct. Cir, Tampa, F1 33617 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition VD Terrero Wilson NAME NAME 8310 N 10th St. STREET ADDRESS STREET ADDRESS Tampa, F1 33604 CITY-ST-7IP CITY-ST-ZIP TITLE SD Perdomo Edna Nydia ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 5328 Starhill Dr. STREET ADDRESS STREET ADDRESS Tampa, F1 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE Manuel Leon ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 6812 Dover Ct. STREET ADDRESS STREET ADDRESS Tampa, F1 33634 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Julio C. Castrillo

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5 - 10 - 01

SIGNATURE: