2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 18, 2004 8:00 am **Secretary of State DOCUMENT # 736709** 1. Entity Name 03-18-2004 90050 050 ****61.25 IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC. Principal Place of Business Mailing Address 3809 WEST BROARD ST 6812 DOVOR CT. りしりたみいだい **TAMPA FL 33617** TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Idro F. Diaz Suite, Apt. #, etc. CR2E037 (11/03) 115 Clemons City & State Applied For 4. FEI Number 59-2906178 Beandon Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33570-3101 Fee Required 441860000ugh 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTRILLO, JULIO C., REV 5160 TENNIS CT. CIR Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CASTRILLO, JULIO C., REV NAME NAME 1903 DAKE LANE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TERRERO, WILSON NAME NAME 8310 N 10TH ST STREET ADDRESS STREET ADDRESS TAMPA FL City-St-ZIP CITY-ST-ZIP DBB ☐ Delete TITLE Change ☐ Addition PERDOMO, EDNA NYDIA NAME 8513 BRIAR GROVE CIR STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP מד Delete Change TITLE TITLE Addition LEON, MANUEL NAME NAME 6812 DOVER CT STREET ADDRESS STREET ADDRESS JAMPA FL RANdon Fla. 33510-3101 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITO F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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.

redro F. DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #