

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90042 035 ****61.25



DOCUMENT # 736709
 1. Entity Name
IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC.

Principal Place of Business
**3809 WEST BROAD ST
 TAMPA FL 33617**

Mailing Address
**Rev. Julio C. Castrillo
 5160 Tennis Ct. Cir.
 Tampa, FL 33617 - 4718**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2906178**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CASTRILLO, JULIO C., REV
 5160 TENNIS CT. CIR
 TAMPA FL 33617-4718**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 DATE _____
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
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CASTRILLO, JULIO C., REV | |
| STREET ADDRESS | 1903 DAKE LANE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | TERRERO, WILSON | |
| STREET ADDRESS | 8310 N 10TH ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PERDOMO, EDNA NYDIA | |
| STREET ADDRESS | 8513 BRIAR GROVE CIR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DIAZ, PEDRO F | |
| STREET ADDRESS | 115 CLEMONS RD. | |
| CITY-ST-ZIP | BRANDON FL 33510-3101 | |
| TITLE | VID Dinora Lopez | <input type="checkbox"/> Delete |
| NAME | 6926 Green Hill Pl. | |
| STREET ADDRESS | Temple Terrace, FL 33617 | |
| CITY-ST-ZIP | | |
| TITLE | D Ruben Perdomo | <input type="checkbox"/> Delete |
| NAME | 5328 Starhill Place | |
| STREET ADDRESS | Tampa, FL 33624 | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Juan Carlos Argee TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2228 Fletcher's Point Cir. | |
| CITY-ST-ZIP | Tampa, FL 33613 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| 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.

SIGNATURE: **Julio C. Castrillo** **2-03-05** **(813) 868-0930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #