


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90036 023 \*\*\*\*61.25


<b>DOCUMENT # 736709</b>			
1. Entity Name <b>IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC.</b>			
Principal Place of Business <b>10203 N NEBRASKA AVE TAMPA FL 33612</b>		Mailing Address <b>REV. JULIO CASTRILLO 5160 TENNIS CT CIR TAMPA FL 33617-4718</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2906178</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CASTRILLO, JULIO C., REV 5160 TENNIS CT. CIR TAMPA FL 33617-4718</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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  **2-29-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTRILLO, JULIO C., REV			NAME			
STREET ADDRESS	5160 TENNIS CT CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617-4718			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRERO, WILSON			NAME			
STREET ADDRESS	2602 E 98TH AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERDOMO, EDNA NYDIA			NAME			
STREET ADDRESS	5328 STARHILL PL			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLOS, ANGEE J			NAME			
STREET ADDRESS	2228 FLETCHERS POINT CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, PEDRO			NAME			
STREET ADDRESS	612 SYLVAN NORTH BRANDONHILLS			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERDONO, RUBEN			NAME			
STREET ADDRESS	5328 STARHILLPLACE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **2-29-08**