

# 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

**DOCUMENT # 736709**

1. Entity Name

IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC.



Principal Place of Business

10203 N NEBRASKA AVE  
TAMPA FL 33612

Mailing Address

REV. JULIO CASTRILLO  
5160 TENNIS CT CIR  
TAMPA FL 33617-4718



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

4. FEI Number

59-2906178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRILLO, JULIO C., REV  
5160 TENNIS CT. CIR  
TAMPA FL 33617-4718

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-08

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CASTRILLO, JULIO C., REV  
STREET ADDRESS 5160 TENNIS CT CIR  
CITY-ST-ZIP TAMPA FL 33617-4718 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME TERRERO, WILSON  
STREET ADDRESS 2602 E 98TH AVE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME PERDOMO, EDNA NYDIA  
STREET ADDRESS 5328 STARHILL PL  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME CARLOS, ANGE J  
STREET ADDRESS 2228 FLETCHERS POINT CIR  
CITY-ST-ZIP TAMPA FL 33613 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD  
NAME DIAZ, PEDRO  
STREET ADDRESS 612 SYLVAN NORTH BRANDONHILLS  
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME PERDONO, RUBEN  
STREET ADDRESS 5328 STARHILLPLACE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

2-29-08