

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736709

FILED
Apr 08, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC.

Current Principal Place of Business:

10203 N NEBRASKA AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

REV. JULIO CASTRILLO
5160 TENNIS CT CIR
TAMPA, FL 336174718

New Mailing Address:

FEI Number: 59-2906178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRILLO, JULIO C., REV
5160 TENNIS CT. CIR
TAMPA, FL 336174718 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRILLO, JULIO C., REV
Address: 5160 TENNIS CT CIR
City-St-Zip: TAMPA, FL 336174718

Title: VD () Delete
Name: TERRERO, WILSON
Address: 2602 E 98TH AVE
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: PERDOMO, EDNA NYDIA
Address: 5328 STARHILL PL
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: CARLOS, ANGEE J
Address: 2228 FLETCHERS POINT CIR
City-St-Zip: TAMPA, FL 33613

Title: VTD () Delete
Name: DIAZ, PEDRO
Address: 612 SYLVAN NORTH BRANDONHILLS
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: PERDONO, RUBEN
Address: 5328 STARHILLPLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RAFAEL, RUBIO J
Address: 10203 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO CASTRILLO

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date