

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90514 046 \*\*\*\*61.25

**DOCUMENT # 736709**

1. Entity Name  
**IGLESIA BAUTISTA MISSIONERA OF TAMPA, INC.**



Principal Place of Business Mailing Address  
**6812 DOVOR CT. TAMPA FL 33634** **6812 DOVOR CT. TAMPA FL 33634**

**Change of address (see below)**

**11003905**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

**IGLESIA BAUTISTA MISIONERA**  
Suite, Apt. #, etc.  
**3809 West Broad St.**

Suite, Apt. #, etc.

City **Tampa, FL 33614**

City & State

4. FEI Number **59-2906178**

Applied For  
Not Applicable

Tel. **(813) 868-0930 (813) 886-4022**

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

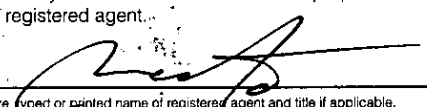
7. Name and Address of New Registered Agent

**CASTRILLO, JULIO C., REV**  
**5160 Tennis Ct. Cir**  
**Tampa, FL 33617 - 4718**

Name **Change of address**  
Street Address (P.O. Box Number is Not Acceptable)

**5160 Tennis Ct. Cir**  
City **Tampa** FL Zip Code **33617-4718**

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

**4-11-03**

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
NAME	CASTRILLO, JULIO C., REV	
STREET ADDRESS	5160 Tennis Ct. Cir	
CITY-ST-ZIP	TAMPA FL 33617 - 4718	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRERO, WILSON	
STREET ADDRESS	2602 N. 98 St.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERDOMO, EDNA NYDIA	
STREET ADDRESS	5328 Startin Pl.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEON, MANUEL	
STREET ADDRESS	6812 DOVER CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED**

**4-11-03 (813) 868-0930**

CR2E037 (10/02)