

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N02000007260

1. Entity Name
MINISTERIO EVANGELISTICO LINAJE ESCOGIDO, INC.



Principal Place of Business

**7216 E CHELSEA ST
TAMPA, FL 33610**

Mailing Address

**7216 E CHELSEA ST
TAMPA, FL 33610**



04222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2085284

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBLES, SAMUEL
7216 E CHELSEA ST
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBLES, SAMUEL
STREET ADDRESS	7216 E CHELSEA ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	SD
NAME	ORTEGA, EVELYN R
STREET ADDRESS	7216 E CHELSEA ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	ROBLES, SAMUEL JR.
STREET ADDRESS	1509 PRESTON DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	ROBLES, ABDIEL S
STREET ADDRESS	7216 E CHELSEA ST
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80049-001 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Samuel Robles
4/24/2007 813
598-4167

Date

Daytime Phone #