## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N03000000779 1. Entity Name 04-25-2005 90223 028 \*\*\*\*70.00 MINISTERIO EVANGELISTICO Y MISIONERO BAJO EL ABRIGO DEL ALTISIMO, INC. Principal Place of Business Mailing Address 311 PARK SPRINGS CR. 311 PARK SPRINGS CR. PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 501 M.B Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number 56-2325067 Not Applicable 33563 Country Country \$8.75 Additional 5. Certificate of Status Desired Hillsborough llsbocough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORES, EVANG Street Address (P.O. Box Number is Not Acceptable) 311 PARK SPRINGS SR. PLANT CITY FL 33566 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 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE Change ☐ Addition FLORES, EVAN NAME Flores Evan Israel 501 W. Ball Street #18 NAME 311 PARK SPRINGS CR. 8 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-7IP CITY-ST-ZIP Delete Addition Gomez, Viola 3008 J. Redman Pkwy VILLEGAS, FRANCYS D NAME 3903 W. CRAWFORD ST. STREET ADDRESS STREET ADDRESS TAMPA FL 33614 CITY - ST - ZIP CITY-ST-ZIP Pland CHY FL 33566 Delete (Change TITLE ☐ Addition TITLE NAME VILLEGAS, ISRAEL NAME 3909 W. CRAWFORD ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Addition ☐ Delete FLORES, NANCY 501 W.Ball Street #18 FLORES, NENCY NAME NAME 311 PARK SPRINGS CR. 8 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-SI-7IP itu, FL 33563 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**