

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008482

FILED
Apr 30, 2004
Secretary of State**Entity Name:** MINISTERIO MISIONERO FUEGO A LAS NACIONES INC.**Current Principal Place of Business:**12102 NORTH NEBRASKA AVENUE
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**PO BOX 82371
TAMPA, FL 336822371**New Mailing Address:****FEI Number:** 32-0093448**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLORES DE MARINO, ROSARIO M
12102 NORTH NEBRASKA AVENUE
TAMPA, FL 33612**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: P () Delete
Name: FLORES DE MARINO, ROSARIO M
Address: 9406 NORTH 11TH STREET APT. B
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: MARINO, EDUARDO E
Address: 9406 NORTH 11TH STREET APT. B
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: CADENAS, MARGARITA
Address: 8407 MULBERRY STREET
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: FUENTE, NOEMI
Address: 16601 MANDY LANE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: SOLEDAD MARTINEZ, SILVANA
Address: 9406 NORTH 11TH STREET APT. B
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: MERCEDES, MILAGROS
Address: 9617 NORTH 46TH STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RUIZ, EDWIN
Address: 206 SUNSET CIRCLE
City-St-Zip: TAMPA, FL 33613

Title: S (X) Change () Addition
Name: FRAGOSO, LYDIA
Address: 12102 NRTH 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 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 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: FLORES DE MARINO ROSARIO M

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date