

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 011 ****75.00

DOCUMENT # N03000009107

1. Entity Name
MINISTERIO UNIDOS POR CRISTO, INC.



Principal Place of Business
**3702 CARROLLWOOD PL. CIR., APT. 204
TAMPA, FL 33624-3073**

Mailing Address
**3702 CARROLLWOOD PL. CIR., APT. 204
TAMPA, FL 33624-3073**

DO NOT WRITE IN THIS SPACE



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
36-4543666

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONCALVES, AFONSO H
3702 CARROLLWOOD PL. CIR., APT. 204
TAMPA, FL 33624-3073**

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-25-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GONCALVES, AFONSO H
3702 CARROLLWOOD PL. CIR., APT. 204
TAMPA, FL 336243073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HERNANDEZ, REYNALDO
2706 W. WATERS AVE.
TAMPA, FL 336141837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FERNANDEZ, GUSTAVO U
2706 W. WATERS AVE.
TAMPA, FL 336141837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-05

Date

Daytime Phone #