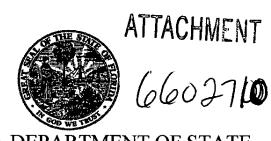
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

Sep 12, 2005 8:00 am Secretary of State DOCUMÊNT # N04000003129 08-16-2005 90041 042 ****61.25 1. Entity Name ASOCIACION PASTORAL DE MINISTROS HISPANOS DEL CONDADO DE PINELLAS Y CIUDADES ADYACENTES, Mailing Address Principal Place of Business PPURIATO 9025 49TH ST PINELLAS PARK FL 33782 9025 49TH ST PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State D-Not Applicable Ζ'nρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDINA, JOSE A Street Address (P.O. Box Number is Not Acceptable) **4088 EVERETT AVE** SPRING HILL FL 34609 City 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 resistating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 MBy Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition MEDINA, JOSE A NAME NAME 4088 EVERETT AVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-SI-ZIP DUF Oelete Change ☐ Addition PEREZ, FELIX NAME NAME 9156 SUNCREST BLVD STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33777** CITY-ST-ZIP CtTV-\$1-7P Delete ☐ Change TITLE DITE ☐ Addition SECUNDINO, MOISES NAME 1446 BYRAM DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP DILE Change ☐ Addition TITLE Oetete VIZCAY, PABLO NAME 2230 NURSERY RD STREET ADORESS STREET ADDRESS CLEARWATER FL 33764 CITY-S1-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MORALES, RAMON NAME NAME 415 MARJON AVE STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CITY-ST-ZIP C1TY-S1-22P DUCTOR RAMOS Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-70P CITY-ST- ZIF 12. I hereby certify that the information supplied with this fiting 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 effect the empowered. JOSE A. MEDINA 3/31/05 SIGNATURE:

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 18, 2005

ASOCIACION PASTORAL DE MINISTROS HISPANOS DEL CONDADO D 9025 49TH ST PINELLAS PARK, FL 33782

Subject: ASOCIACION PASTORAL DE MINISTROS HISPANOS DEL CONDADO

Reference Number:

N04000003129

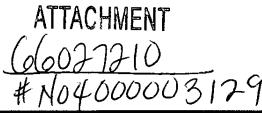
Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION



Form SS	3-4	Application for Employer Identification Number				E	EIN	
(Rev. December 2001) Department of the		(For use by employers	(For use by employers, corporations, partnerships, trusts, estates, churc government agencies, Indian tribal entities, certain individuals, and other			20-34	129849	
Treasury Internal Revenue Service See separate instructions for each				OMB No.	OMB No. 1545-0003			
1* Legal name of entity (or individual) for whom the EIN is being requested Asociaicion Pastoral de Ministros Hispanos								
2 Trade name of business (if different from name on line 1)				3" Executor, trustee, "care of" Jose Medina	3* Executor, trustee, "care of name Jose Medina			
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 9025 49th Street				5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code Pinellas Park FL 33782 -				5b City, state, and ZIP code	5b City, state, and ZIP code			
6* County and state where principal business is located County Pinellas State FL								
				7b SSN, ITIN, EIN	7b SSN, ITIN, EIN			
Church or church-controlled organization ☐ Other nonprofit organization (specify) ► Minister Asociacion ☐ Other (specify) ►				Estate (SSN of decedent) Plan administrator (SSN) Trust (SSN of grantor) National Guard Farmers' cooperative REMIC Group Exemption N0. (GEN)	State/local government Federal government/military Indian tribal government/enterprises			
8b If a corporation, name the state or foreign country (if applicable) where incorporated				Foreign countr	Foreign country			
9* Reason for applying (check only one) Started new business (specify type) Changed type of organization (specify new type) Purchased going business Hired employees (Check the box and see line 12) Compliance with IRS withholding regulations Other (specify) Banking purpose (specify purpose) Changed type of organization (specify new type) Purchased going business Created a trust (specify type) Created a pension plan (specify type)								
10* Date business started or acquired (month, day, year) OCT 12 2002 11 Closing month of accounting year								
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)								
13 Highest	13 Highest number of employees expected in the next twelve months Note : If the applicant does not expect to have any employees during the period, enter *-0-"							
Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale Real estate Manufacturing Finance & insurance Retail Other (specify) Religious education							igent/broker other	
Education	on			; products produced; or services p				
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes Note If "Yes" please complete lines 16b and 16c								
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name								
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN								
	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form							
Third [Party	Designee's name				Designee's tele	ephone number (in	iclude area code)	
Designee Address and ZIP code					() - Designee's fax number (include area code) () -			
Under penalties of perjury. I declare that I have examined this application, and to the best of my knowledge and belief, it is true. Applicant's telephone number (include area or								
Name and ti	lame and title (type or print clearly)							