




FILED
Sep 12, 2005 8:00 am
Secretary of State

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000003129				Secretary of State 08-16-2005 90041 042 ***61.25	
1. Entity Name ASOCIACION PASTORAL DE MINISTROS HISPANOS DEL CONADO DE PINELLAS Y CIUDADES ADYACENTES,		Principal Place of Business 9025 49TH ST PINELLAS PARK FL 33782		Mailing Address 9025 49TH ST PINELLAS PARK FL 33782	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		b0061610  1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent MEDINA, JOSE A 4088 EVERETT AVE SPRING HILL FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		4. FEI Number 20-3429849 Applied For Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)		DATE		FILE NOW: FEE IS \$61.25 Due By May 1, 2005	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Make Check Payable to Florida Department of State	
P MEDINA, JOSE A 4088 EVERETT AVE SPRING HILL FL 34609		V PEREZ, FELIX 9156 SUNCREST BLVD CLEARWATER FL 33777			
S SECUNDINO, MOISES 1446 BYRAM DR CLEARWATER FL 33755		T VIZCAY, PABLO 2230 NURSERY RD CLEARWATER FL 33764			
D MORALES, RAMON 415 MARJON AVE DUNEDIN FL 34698		D VICTOR RAMOS 3400 74TH AVE PINELLAS PARK, FL 33781			
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:  - JOSE A. MORALES 3/31/05 (727) 365-027					



ATTACHMENT

6602710

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 **has not been filed** 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.

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ANNUAL REPORTS SECTION

66027210
N04000003129

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3429849 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Asociacion Pastoral de Ministros Hispanos					
2 Trade name of business (if different from name on line 1)			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		
6* County and state where principal business is located County Pinellas State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Minister Asociacion <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input checked="" type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> 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 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-".			Agriculture		Household
14* Check box that best describes the principal activity of your business			Health care & social assistance		Wholesale-agent/broker
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Religious education			<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail		Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Education					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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					
Third Party Designee	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				
	Designee's name			Designee's telephone number (include area code)	
	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, correct, and complete. Name and title (type or print clearly)					
Applicant's telephone number (include area code)					