

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004284

1. Entity Name

**MOVIMIENTO IGLESIAS MISIONEVAS PENIAL
BROOKSVILLE INC**



Principal Place of Business

**603 W VIRGINIA AVE
TAMPA, FL 33603**

Mailing Address

**603 W VIRGINIA AVE
TAMPA, FL 33603**



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2780498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, ERMES L
603 W VIRGINIA AVE
TAMPA, FL 33603**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000632338

02/21/07-80018-005 61.25

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

TORRES, ERMES L

603 W VIRGINIA AVE

TAMPA, FL 33603

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SEC

LOPEZ, BETZAIDA

830 CONTINENTAL DR

BROOKSVILLE, FL 34601

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRES

PEREZ, NANCY

327 UNION ST

BROOKSVILLE, FL 34601

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ermas L. Torres **ERMES L. TORRES, Pres. 2/7/07.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #