

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90072 002 ****61.25

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1. Entity Name

MOVIMIENTO IGLESIAS MISIONEVAS PENIAL
BROOKSVILLE INC



Principal Place of Business

603 W VIRGINIA AVE
TAMPA, FL 33603

PO BOX 4715
TAMPA FL 33677-4715

Mailing Address

603 W VIRGINIA AVE
TAMPA, FL 33603

PO BOX 4715
TAMPA FL 33677-4715

40069196



02272008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

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
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:

Ernest D. James ERMES L TORRES Pres 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #