2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
03-21-2007 90034 026 ****70.00

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1. Entity Name
ALCANCE MISIONERO INTERDENOMINACIONAL, INC.

Principal Place of Business	Mailing Address
9405 N 11TH ST TAMPA, FL 33612 US	P O BOX 26732 TAMPA, FL 33623 US

03142007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3396222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTIERREZ, ALTAGRACIA 4297 WEST HUMPHREY TAMPA, FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUTIERREZ, ALTAGRACIA 4297 WEST HUMPHREY ST TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOTO, AIDA 290-CR 542 W BUSHNEEL,FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUFINO, ANGEL 3812 COST HAMINTON AVE TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OS DAVILA, FERNANDO 15271 george blvd, clearwater, fl 33 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTOS, LEMUEL L 2107 W. BURKS STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, LOYDA 15271 gerge blvd,clearwater,fl 33760 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OS SANTOS, ARACELY 2107 W. BURKE STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, LUZ 116 W CHELSEA, TAMPA, FL 33603 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOTO, RAUL 290-CR 542 W BUSHNELL, FL 33513	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP QUINTERO, HUGO A 903 NINA ELIZABETH CIRCLE 101 BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR