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**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90057 037 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000001092**

1. Corporation Name

**MINISTERIO JUVENTUD DEL MUNDO ENTERO, INC.**

Principal Place of Business

**4101 54TH AVE N  
ST. PETERSBURG FL 33714  
US**

Mailing Address

**P. O. BOX 2264  
PINELLAS PARK FL 33780  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**02/26/1997**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**TORRES, PEDRO J  
4801 7TH AVE N  
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	TORRES, PEDRO J REV	
STREET ADDRESS	4801 7TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	VARGAS, JOSE & MARITZA	
STREET ADDRESS	3711 MCKINLEY COURT #B	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	ESD	<input type="checkbox"/> DELETE
NAME	BRAVO, HEIDI	
STREET ADDRESS	6314 1ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HILL	
STREET ADDRESS	6314 41ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	EDT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, WILLIAM	
STREET ADDRESS	3620 41ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, OSCAR+LOURDES	
STREET ADDRESS	6447 WILLOW WOOD LN	
CITY-ST-ZIP	TAMPA FL 33634	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99

(727) 321-2597

CR2E037 (11/98)