

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90122 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000622

1: Corporation Name
MINISTERIO INTERDENOMINACIONAL DE MADRES UNIDAS EN CLAMOR, INC.

Principal Place of Business 3207 N OLA AVE TAMPA FL 33603	Mailing Address 3207 N OLA AVE TAMPA FL 33603
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21 2. Principal Place of Business <i>3207 N. Ola Ave</i>	22 2a. Mailing Address <i>Same on line 2.</i>	3. Date Incorporated or Qualified 02/02/1998
23 City & State <i>Tampa, FL</i>	27 City & State	4. FEI Number <i>59-3519479</i>
24 Zip <i>33603</i>	25 Country <i>H/ls.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
26	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ROSA, SANTA 3207 N OLA AVE TAMPA FL 33603	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 *Santa Rosa* DATE *4-4-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Fundadora/Directora Santa Rosa 3207 N. Ola Ave. Tampa, FL 33603</i> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>Presidente, Martha Soto 1217 E. Columbus Dr. Tampa, FL 33605</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretaria Lydia Estrofa 11815 Superior Dr. Tampa, FL 33624</i> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>Ayudante de Secretaria Gloria Roman 1217 E. Ida St. Tampa, FL 33603</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-Presidente Ludie Crispio 4922 Oakshire Dr. Tampa, FL 33625</i> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<i>Martha Soto 3211 Dalwood Ct. Tampa, FL 33615 Title: Counselor</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Santa Rosa* **REQUIRED** DATE: *4-4-99* DAYTIME PHONE #: *813-223-6492*

CR2037 (1/98)