

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 031 ****61.25

DOCUMENT # N980Q0000622

1. Entity Name

MINISTERIO INTERDENOMINACIONAL DE MADRES
UNIDAS EN CLAMOR, INC.



Principal Place of Business

FLORIDA AVE BAPTIST CHURCH
4208 N FLORIDA AVE
TAMPA FL 33604

Mailing Address

3207 N OLA AVE
TAMPA FL 33603

2. Principal Place of Business *Santa Rosas*

3207 North OLA Avenue

3. Mailing Address

Suite, Apt. #, etc.

Tampa Florida

Suite, Apt. #, etc.

City & State

City & State

Zip

33603

Country

Zip

Country

4. FEI Number

59-3519479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/06)



6. Name and Address of Current Registered Agent

ROSA, SANTA
3207 N OLA AVE
TAMPA FL 33603

7. Name and Address of New Registered Agent

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

Santa Rosas

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

Santa Rosas

(NOTE: Registered Agent signature required when reinstating)

8/23/06

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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

TITLE D ☐ Delete
NAME ROSAS, SANTA
STREET ADDRESS 3207 N OLA AVE
CITY - ST - ZIP TAMPA FL 33603

TITLE D ☐ Delete
NAME SOTO, MAIDA
STREET ADDRESS 1217 E. COLUMBUS DR.
CITY - ST - ZIP TAMPA FL 33605

TITLE T ☐ Delete
NAME MERCEDES, MILAGROS
STREET ADDRESS 9617 N. 46TH ST.
CITY - ST - ZIP TAMPA FL 33617

TITLE T ☐ Delete
NAME GASTON, MARIA
STREET ADDRESS 4211 DALWOOD CT
CITY - ST - ZIP TAMPA FL 33615

TITLE S ☐ Delete
NAME ORLANG, RAQUEL
STREET ADDRESS 11315 SPRING CT APT B
CITY - ST - ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME *Secretary Margaret Fuentes*
STREET ADDRESS *3207 N OLA Avenue*
CITY - ST - ZIP *Tampa Florida 33603*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME *Secretary Margaret Fuentes*
STREET ADDRESS *3207 North OLA Ave*
CITY - ST - ZIP *Tampa Florida 33603*

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: X

Santa Rosas

8/23/06

(813) 223-6492