

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000622

FILED
Apr 12, 2008
Secretary of State

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

Current Principal Place of Business:

3207 NORTH OLA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

3207 N OLA AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3519479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSAS, SANTA
3207 N OLA AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSAS, SANTA
Address: 3207 N OLA AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: FIGUEROA, SOCORRO
Address: 9825 OAKS STREET
City-St-Zip: TAMPA, FL 33635

Title: T () Delete
Name: MERCEDES, MILAGROS
Address: 9617 N. 46TH ST.
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: GASTON, MARIA
Address: 4211 DALWOOD CT.
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: ORLANG, RAQUEL
Address: 11315 SPRING CT APT B
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: GUZMAN, IRIS
Address: 8386 EMILY WOOD CRT.
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSAS, REV. JOSE
Address: 5800 JUSTICIA LOOP
City-St-Zip: LAND O'LAKE, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FUENTES, MARGARET
Address: 3207 N OLA AVE
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JOSE ROSAS

D

04/12/2008

Electronic Signature of Signing Officer or Director

Date