

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000622

FILED
Apr 24, 2012
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:

8153 EHREN CUT-OFF
LAND O' LAKES, FL 34639

Current Mailing Address:

3207 NORTH OLA AVENUE
TAMPA, FL 33603

New Mailing Address:

8153 EHREN CUT-OFF
LAND O' LAKES, FL 34639

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 AGENT
3207 N OLA AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

ROSAS, SANTA AGENT
8153 EHREN CUT-OFF
LAND O' LAKES, FL 34639 US

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: SANTA ROSAS

04/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROSAS, REV. JOSE
Address: 10144 ARBOR RUN DR. TAMPA, FL.
City-St-Zip: TAMPA, FL 33647

Title: D
Name: GARCIA, CARMEN L
Address: 2510 GLENVIEW DR.
City-St-Zip: LAND O LAKE, FL 24639

Title: SEC.
Name: ORLANG, RAQUEL
Address: 11323 WINTER CT. APT. A
City-St-Zip: TAMPA, FL 33612

Title: TRES
Name: ROSAS, SANTA
Address: 8153 EHREN CUT-OFF
City-St-Zip: LAND O' LAKES, FL 34639

Title: VOC.
Name: VASQUEZ, CARMEN
Address: 6523 TWEN BRIGER DR.
City-St-Zip: ZEPHERHILLS, FL 33541

I hereby 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 all other like empowered.

SIGNATURE: SANTS ROSAS

RA

04/24/2012

Electronic Signature of Signing Officer or Director

Date