

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007047

FILED  
Mar 21, 2005  
Secretary of State

**Entity Name:** MISSIONARY MINISTRY OF BIBLICAL TEACHINGS "ANCHOR OF INTERNATIONAL SALVATION",  
INC.

**Current Principal Place of Business:**

2955 SW 8TH STREET  
204  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2955 SW 8TH STREET  
204  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0881218      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURRAY, RAMON DR  
2955 SW 8TH STREET SUITE 204  
MIAMI, FL 33135 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: PD ( ) Delete  
Name: MURRAY, RAMON DR.  
Address: 15540 SW 80 ST., APT # 204  
City-St-Zip: MIAMI, FL 33193

Title: VTD ( ) Delete  
Name: MURRAY, ALTAGRACIA DR.  
Address: 15540 SW 80 ST., APT # 204  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: MOORE DEL ROSARIO, MARTINA  
Address: 15540 SW 80 ST., APT # 204  
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Delete  
Name: FUENTES, MARCIA  
Address: 1210 SW 10 AVE  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SD (X) Change ( ) Addition  
Name: MURRAY, ABNER  
Address: 15540 SW 80 ST., APT # 204  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. RAMON MURRAY

PD

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date