

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007047

FILED
Feb 15, 2006
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:

15540 SW 80 ST.
204
MIAMI, FL 33193

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: MURRAY, ABNER
Address: 15540 SW 80 ST., APT # 204
City-St-Zip: MIAMI, FL 33193

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. RAMON MURRAY

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date