


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003319 **2004**

1. Entity Name
MINISTERIO MISIONERO ELOHIM, INC.



FILED
04 APR 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---|----------------|
| 2. Principal Place of Business 4561 BANCROFT BLVD. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 780088 Suite, Apt. #, etc. | |
| City & State ORLANDO FL | | City & State ORLANDO FL | |
| Zip 32833 | Country | Zip 32878 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|------------------------------------|
| Name Miriam I. Herrera | |
| Street Address (P.O. Box Number is Not Acceptable) 4561 Bancroft Blvd. | |
| City Orlando | FL Zip Code 32833 |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME D STREET ADDRESS CITY-ST-ZIP | DAVID HERRERA 4561 Bancroft Blvd. Orlando FL 32833 |
| TITLE NAME PD STREET ADDRESS CITY-ST-ZIP | MIRIAM HERRERA 4561 Bancroft Blvd. Orlando FL 32833 |
| TITLE NAME SD STREET ADDRESS CITY-ST-ZIP | Rebecca Cepeda 2015 Corner Medow Cir. Orlando FL 32820 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **April 15, 2004** 407-568-4735

CR2E037B (12/02)