

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008800

**Entity Name:** ELIM EVANGELICAL CHURCH, INC.

**Current Principal Place of Business:**

1299 SW ABINGDON AVE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1299 SW ABINGDON AVE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 26-3426891

**Certificate of Status Desired:** No

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

BRENOVIL, LEBERT PASTOR  
1299 SW ABINGDON AVE  
PORT ST LUCIE, FL 34953 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BRENOVIL, LEBERT  
Address 1299 SW ABINGDON AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title DS  
Name VITAL, ROSE F  
Address 308 NW STARTFORD LANE  
City-State-Zip: PORT ST LUCIE FL 34983

Title DVP  
Name INNA, JEANETTE  
Address 3497 SW PUMPKINST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title D  
Name BRENOVIL, CLAUDETTE  
Address 1299 SW ABINGDON AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title D  
Name ABELARD, BEATRICE  
Address 2111 SW LEAFY RD.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** LEBERT BRENOVIL

**PRESIDENT**

**04/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date