

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004485

Entity Name: ELOHIM'S FOLD MINISTRIES, INC.**Current Principal Place of Business:**9755 NW 41 ST
317
MIAMI, FL 33178**Current Mailing Address:**9755 NW 41 ST
317
MIAMI, FL 33178 US**FEI Number:** 27-2145277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, HOLLMAN
9755 NW 41ST
317
DORAL, FL 33178 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	CASTRO, HOLLMAN
Address	9755 NW 41 ST 317
City-State-Zip:	DORAL FL 33178

Title	VP
Name	CEBALLOS, ADRIANA
Address	9755 NW 41 ST 317
City-State-Zip:	DORAL FL 33178

Title	S
Name	ZUBIATE, MARTIN
Address	11102 NW 83RD ST #218
City-State-Zip:	DORAL FL 33178

Title	T
Name	MORALES, CARLINA
Address	9360 FOUNTAINBLEAU BLVD, D-110
City-State-Zip:	MIAMI FL 33172

Title	T
Name	KELLER, MARTIN O
Address	9135 SW 21ST TERR
City-State-Zip:	MIAMI FL 33165

Title	T
Name	CASTRO, GIOVANNY
Address	10867 NW 78TH TERR
City-State-Zip:	DORAL FL 33178

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: HOLLMAN CASTRO**PRESIDENT****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date