

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004485

**Entity Name:** ELOHIM'S FOLD MINISTRIES, INC.**Current Principal Place of Business:**2826 NW 79 AVE  
DORAL, FL 33122**Current Mailing Address:**2826 NW 79 AVE  
DORAL, FL 33122 US**FEI Number:** 27-2145277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, HOLLMAN  
2826 NW 79 AVE  
DORAL, FL 33122 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 203
City-State-Zip:	DORAL FL 33178

Title	VP
Name	CEBALLOS, ADRIANA
Address	9755 NW 41 ST 203
City-State-Zip:	DORAL FL 33178

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

Title	T
Name	CASTRO, GIOVANNY
Address	11067 NW 72 TERRACE
City-State-Zip:	DORAL FL 33178

Title	TREASURER
Name	CORTES, YENNY A
Address	13403 NW 5 PLACE
City-State-Zip:	PLANTATION FL 33325

Title	TRUSTEE
Name	PAZ, ROBERTO
Address	9787 NW 10 TERRACE
City-State-Zip:	MIAMI FL 33172

Title	SECRETARY
Name	SACCHETTI, MARIA L
Address	8478 NW 109 COURT
City-State-Zip:	MIAMI 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****01/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date