

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


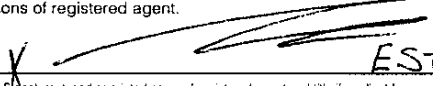

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90585 001 ****61.25
05-08-2006 90585 002 *****8.75

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04172006 Chg-NP CR2E037 (11/05)

DOCUMENT # 765510			
1. Entity Name ELIM EXODUS 15:27 CONCILIO INTERNACIONAL DE IGLESIAS EVANGELICAS, INC.			
Principal Place of Business 1424 W. FLAGLER MIAMI, FL 33135		Mailing Address 1424 W. FLAGLER MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address 2851 E 8th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah, FLA.	
Zip	Country	Zip	Country
33013	U.S.A	33013	U.S.A
4. FEI Number 59-2412754		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, DR. ESTEBAN 2851 EAST 8TH AVENUE HIALEAH, FL 33013		Name Esteban Anderson Jr. Esq. Street Address (P.O. Box Number is Not Acceptable) 8004 N.W. 154 Street #144 City Miami Lakes, FL Zip Code 33016	
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  ESTEBAN ANDERSON JR. Eng 4-26-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ANDERSON, DR. ESTEBAN 2851 E 8TH AVENUE HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penny L. Rogerson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2851 E 8th Ave Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ANDERSON, SHARON M. 2851 E 8TH AVENUE HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marilyn Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 932 E 92 Street Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ABUNDIO 7200 S.W. 23RD STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, SANDRA 7200 S.W. 23RD STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, NILDA 67 SOUTH DR MIAMI SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DR. ESTEBAN-ANDERSON		Date 4-26-06 Daytime Phone # 305-693-0484 305-642-8981	