## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2007 08:00 A Secretary of State

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DOCUMENT # 765510  1. Entity Name ELIM EXODUS 15:27 CONCILIO INTERNACIONAL DE IGLESIAS EVANGELICAS, INC.					Ĺ	, cor cui	, or ou
1424 W. FLAGLER 28		Mailing Address 2851 E 8TH AVE HIALEAH, FL 33013					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152007 CI	hg-NP	CR2E037 (12/06	5)
City & State		City & State		4. FEI Number 59-241275	<del></del>		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Fee Requ	Additional
•	6. Name and Address of Current	Registered Agent	· ·	7. Name and Add	ress of New R		
			Name				
ANDERSON, DR. ESTEBAN 8004 NW 154 ST HIALEAH, FL 33016			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip C	Code
the obligat	ions of registered agent						
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Programme Agent signature re	equired when reinstating)	,	DATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May Be Added to Fees		DATE  ake check payableda Department of	
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be	· Flor	ake check payabl	State
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	· Flor	ake check payabl	S IN 10
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI PDC ANDERSON, DR. ESTEBAN 2851 E 8TH AVENUE HIALEAH, FL	9. Election Can Trust Fund C RECTORS	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	ake check payablida Department of RS AND DIRECTORS Change 750269 80056-003	f State S IN 10 ge ☐ Addition
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12. Thereby certify that the information supplied with this filling 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: <

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1807

305-693-0484

Daytime Phone #