NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/3

FILED
Sep 05, 2002 8:00 am
Secretary of State
07-31-2002 90104 019 ****61.25

DOCUMENT # N01000001350

1. Entity Name
Iglesia Misionera Elohim, Inc. ✓

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5063 Stacy st.	P.O. Box 19083
Suite, Apt. #, etc.	Suite, Apt. #, etc.
West Palm Beach, FL	West Palm Beach, FL
City & State	City & State
33417	33416
Zip / Country	Zip / Country

4. FEI Number 65 1086264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Olga V. Morales

Street Address (P.O. Box Number Is Not Acceptable): 5063 Stacy St.

City: West Palm Beach FL Zip Code: 33417

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) President (D) Hector L. Morales 5063 Stacy st. W.P.B., FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) Secretary Olga V. Morales 5063 Stacy st. W.P.B., FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) Juan Santiago 5115 Stacy St. WPB, FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Olga V. Morales (Vice President) 5063 Stacy st. W.P.B FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) Treasurer Maribel Santiago 5115 Stacy St WPB, FL 33417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hector L Morales