

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90252 012 ****61.25

DOCUMENT # N01000001350

1. Entity Name
IGLESIA MISIONERA "ELOHIM", INC.



Principal Place of Business
5063 STACY ST
WEST PALM BEACH FL 33417

Mailing Address
PO BOX 19083
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1086264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, OLGA V
5063 STACY ST
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MORALES, HECTOR L PASTOR**
STREET ADDRESS **5063 STACY ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **V-Vocal** ☐ Change ☒ Addition
NAME **Wanda Perez**
STREET ADDRESS **5063 Stacy St.**
CITY-ST-ZIP **WPB, FL 33417**

TITLE **S** ☐ Delete
NAME **MORALES, OLGA V**
STREET ADDRESS **5063 STACY ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **V-Vocal** ☐ Change ☒ Addition
NAME **Pedro Sanchez**
STREET ADDRESS **5063 Stacy St**
CITY-ST-ZIP **WPB, FL 33417**

TITLE **T** ☐ Delete
NAME **SANTIAGO, JUAN**
STREET ADDRESS **5115 STACY ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **V-Vocal** ☐ Change ☒ Addition
NAME **Maria Matias**
STREET ADDRESS **5063 Stacy St.**
CITY-ST-ZIP **WPB, FL 33417**

TITLE **DVP** ☐ Delete
NAME **MORALES, OLGA V**
STREET ADDRESS **5063 STACY ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **V-Abraham Velezquez** ☐ Change ☒ Addition
NAME **Abraham Velezquez**
STREET ADDRESS **5063 Stacy St.**
CITY-ST-ZIP **WPB, FL 33417**

TITLE **T** ☐ Delete
NAME **SANTIAGO, MARIBEL**
STREET ADDRESS **5115 STACY ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

[Handwritten Signature]
OLGA V. MORALES

4/30/03 (561) 723-8697

CR2E037 (10/02)