
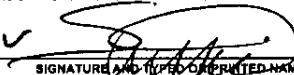


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005783</b>					
1. Entity Name <b>IGLESIA DE CRISTO MINISTERIOS ELIM "MI-EL" ORLANDO, FLORIDA, INC.</b>					
Principal Place of Business <b>6812 SILVERSTAR RD ORLANDO, FL 32818</b>			Mailing Address <b>6812 SILVERSTAR RD ORLANDO, FL 32818</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3760014</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ORTEGA, JOSE 6925 ASPEN SQ LN # A 204 ORLANDO, FL 32818</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTEGA, JOSE</b>			NAME	
STREET ADDRESS	<b>6925 ASPEN SQ LN, # A 204</b>			STREET ADDRESS	<b>U00000566929</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>			CITY-ST-ZIP	<b>06/08/06-80002-010 61.25</b>
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENAMORADA, SANTIAGO</b>			NAME	
STREET ADDRESS	<b>4816 DEVORE CT</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALACIOS, JORGE A</b>			NAME	
STREET ADDRESS	<b>7249 WOOD RIDGE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				<b>5/22/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Day/Mo/Phone #</small>	