

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90013 014 \*\*\*\*70.00

**DOCUMENT # N01000008524**

1. Entity Name

CONCILIO DE IGLESIA PENTECOSTAL DE  
AVIVAMIENTO ELOHIM, INC.



Principal Place of Business

124 OAK WAY  
INTERLACHEN FL 32148

Mailing Address

124 OAK WAY  
INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0017038

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

CRESPO, PEDRO  
124 OAK WAY  
INTERLACHEN FL 32148

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**  
**Due By May 1, 2004**

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 PD ☐ Delete  
NAME CRESPO, PEDRO  
STREET ADDRESS P O BOX 975  
CITY-ST-ZIP INTERLACHEN FL 32148

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

TITLE VD ☐ Delete  
NAME MORALES, JOSE  
STREET ADDRESS 203 HILLSIDE AVE.  
CITY-ST-ZIP HARTFORD CT 06106

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

TITLE S ☒ Delete  
NAME BERNARDINI, MYRIAM  
STREET ADDRESS P O BOX 2071  
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☒ Change ☐ Addition  
NAME Jennifer Morales  
STREET ADDRESS 354 Hillside Ave  
CITY-ST-ZIP Hartford Ct. 06106

TITLE I ☐ Delete  
NAME SANTIAGO, JANNETTE  
STREET ADDRESS P O BOX 972  
CITY-ST-ZIP INTERLACHEN FL 32148

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

TITLE SOM ☐ Delete  
NAME ORTIZ, LUIS A  
STREET ADDRESS 154 OLCOTT ST.  
CITY-ST-ZIP MANCHESTER CT 06040

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

TITLE V ☐ Delete  
NAME PEREZ, ERNESTO  
STREET ADDRESS 4117 S.W. 168 CIRCLE  
CITY-ST-ZIP Ocala FL 34481

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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2004

386-684-9210

Date

Daytime Phone #