2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003593

Title:

Name:

Address:

City-St-Zip:

lame: ELHOIM CHRISTIAN CHURCH INC

FILED Apr 25, 2007 Secretary of State

Entity Name: ELHOIM CHRISTIAN CHURCH, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
1665 MALA MALABAR,		US			
Current Mailing Address:			New Mailing Address:		
PO BOX 100385 PALM BAY, FL 32910 US		US			
FEI Number:	30-0226519	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ROSARIO, ELISEO PASTOR 4706 GAIL BLVD. WEST MELBOURNE, FL 32904 US 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.	submits this statement for the p	dipose of changing its registered	office of registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROSARIO, ELI 4706 GAIL BLV		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (ROSARIO, SAI 1241 GOODE PALM BAY, FL	DR NE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (BURGOS, JOS 1529 WIGMOF PALM BAY, FL	RE ST SE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NIEVES, MARI 1335 WAYSID PALM BAY, FL	E CT NE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE A. BURGOS TREA 04/25/2007

() Delete

WEST MELBOURNE, FL 32904 US

VARGAS, CARMEN L

4406 GAIL BLVD.

() Change () Addition