## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005944

FILED Jul 05, 2005 Secretary of State

Entity Name: ETERNAL LOVE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	HITERAPIDS DRIVE D, FL 32828			
Current N	failing Address:	New Maili	ing Address:	
	HITERAPIDS DRIVE O, FL 32828			
In accordar	r: 55-0789077 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	•		
ARROYO, 12751 WH ORLAND(	, RAFAEL HITERAPIDS DRIVE D, FL 32828 US			
	e named entity submits this statement for the purpos e of Florida.	se of changing	its registered office or registered agent, or both	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D ( ) Delete ARROYO, RAFAEL 12751 WHITERAPIDS DRIVE ORLANDO, FL 32828	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: Name:	D ( ) Delete ARROYO, CHERYL	Title: Name: Address:	( ) Change ( ) Addition	
Address: City-St-Zip:	12751 WHITERAPIDS DRIVE ORLANDO, FL 32828	City-St-Zip:		
Address:			D (X) Change ( ) Addition BRUINSMA, GERARD 848 FLYNN RD ROCHESTER, NY 14612	
Address: City-St-Zip: Title: Name: Address:	ORLANDO, FL 32828  D ( ) Delete BRUINSMA, GERARD 13007 CRYSTAL COVE DRIVE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BRUINSMA, GERARD 848 FLYNN RD	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ORLANDO, FL 32828  D ( ) Delete BRUINSMA, GERARD 13007 CRYSTAL COVE DRIVE ORLANDO, FL 32828  D ( ) Delete BRUINSMA, SHIRLEY 13007 CRYSTAL COVE DRIVE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BRUINSMA, GERARD 848 FLYNN RD ROCHESTER, NY 14612  D (X) Change ( ) Addition BRUINSMA, SHIRLEY 848 FLYNN RD	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RAFAEL ARROYO O/D 07/05/2005