

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005944

FILED
Feb 25, 2006
Secretary of State

Entity Name: ETERNAL LOVE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

12751 WHITERAPIDS DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

12751 WHITERAPIDS DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 55-0789077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROYO, RAFAEL
12751 WHITERAPIDS DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARROYO, RAFAEL
Address: 12751 WHITERAPIDS DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: ARROYO, CHERYL
Address: 12751 WHITERAPIDS DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BRUINSMA, GERARD
Address: 848 FLYNN RD
City-St-Zip: ROCHESTER, NY 14612

Title: D () Delete
Name: BRUINSMA, SHIRLEY
Address: 848 FLYNN RD
City-St-Zip: ROCHESTER, NY 14612

Title: D () Delete
Name: NARDELLA, ANTHONY M JR
Address: 1110 DOUGLAS AVE STE 1002
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: GUNSALLUS, FORREST
Address: 1406 E. 9TH ST.
City-St-Zip: MT DORA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: RAFAEL ARROYO

D

02/25/2006

Electronic Signature of Signing Officer or Director

Date