
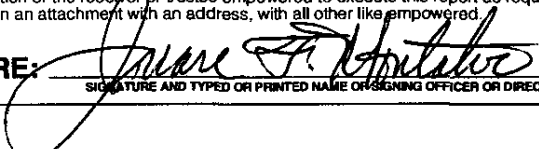


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90048 024 \*\*\*\*61.25

<b>DOCUMENT # N02000009058</b> 1. Entity Name <b>TABERNACULO EVANGELISTICO ELIM INC.</b>			
Principal Place of Business 7701 KILLIAN DRIVE ORLANDO, FL 32822		Mailing Address 7701 KILLIAN DRIVE ORLANDO, FL 32822	
2. Principal Place of Business <b>5416 HANSEL AVE.</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State	
Zip <b>32809</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONTALVO, JUAN F</b> <b>7701 KILLIAN DRIVE</b> <b>ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>MONTALVO, JUAN F PDT</b> STREET ADDRESS <b>7701 KILLIAN DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32822</b>	<input type="checkbox"/> Delete	TITLE <b>PDT</b> NAME <b>MONTALVO, JUAN F</b> STREET ADDRESS <b>7367 POI CIRCLE</b> CITY-ST-ZIP <b>ORLANDO, FLA 32822</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VPD</b> NAME <b>MONTALVO, JUAN G VPDS</b> STREET ADDRESS <b>7701 KILLIAN DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32822</b>	<input type="checkbox"/> Delete	TITLE <b>MONTALVO, JUAN G</b> NAME <b>7367 POI CIRCLE</b> STREET ADDRESS <b>ORLANDO, FLA 32822</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>COLON, LUZ D</b> STREET ADDRESS <b>1932 GARWOOD DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32822</b>	<input type="checkbox"/> Delete	TITLE <b>D S</b> NAME <b>5921 BENT PINE DRIVE, APT#521</b> STREET ADDRESS <b>ORLANDO, FL 32822</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>COLON, NATANAEL</b> STREET ADDRESS <b>1932 GARWOOD DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32822</b>	<input type="checkbox"/> Delete	TITLE <b>5921 BENT PINE DRIVE, APT#521</b> NAME <b>ORLANDO, FL 32822</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GONZALEZ, ALBERTO</b> STREET ADDRESS <b>918 IRON OAK DRIVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32809</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		1-5-04 <span style="float: right;">(407) 273-7195</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	