

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009058

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** TABERNACULO EVANGELISTICO ELIM INC.

**Current Principal Place of Business:**

5420 HANSEL AVE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

7701 KILLIAN DRIVE  
ORLANDO, FL 32822 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTALVO, JUAN F  
7701 KILLIAN DRIVE  
ORLANDO, FL 32822 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: PDT ( ) Delete  
Name: MONTALVO, JUAN F  
Address: 7701 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

Title: VPDS ( ) Delete  
Name: DIAZ, BRENDA M  
Address: 7701 KILLIAN DRIVE  
City-St-Zip: ORLANDO, FL 32822 US

Title: D ( ) Delete  
Name: MONTALVO, JUAN G  
Address: 4775 CURRYFORD RD  
City-St-Zip: ORLANDO, FL 32812 US

Title: D ( ) Delete  
Name: MOYENO RIOS, JOSE L  
Address: 866 LINCOLN PKWY  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: GONZALEZ, ALBERTO  
Address: 221 LACOMBEE DR.  
City-St-Zip: PORKCITY, FL 33868 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MONTALVO, JUAN G  
Address: 3816 CAMELOT DRIVE (APARTMENT 201)  
City-St-Zip: LEXINGTON, KY 40517 US

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 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: JUAN F. MONTALVO

PDT

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date