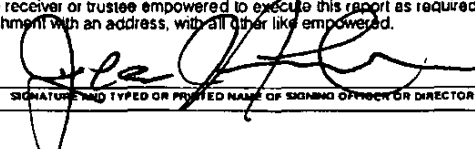


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-27-2005 90049 047 ****69.75

DOCUMENT # N03000000386			
1. Entity Name ELIM COMMUNITY CHURCH OF GOD INC.			
Principal Place of Business 2109 AMBASSADOR COURT ORLANDO FL 32808		Mailing Address 2109 AMBASSADOR COURT ORLANDO FL 32808	
2. Principal Place of Business 1000 24th Street Suite, Apt. #, etc.		3. Mailing Address Same AS Above Suite, Apt. #, etc.	
City & State Orlando Fla		City & State	
Zip 32805		Country ORANGE	
4. FEI Number 57-1172596		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLEURIMA, JEAN T REV. 2109 AMBASSADOR COURT ORLANDO FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEURIMA, JEAN T REV. 2109 AMBASSADOR COURT ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BESTIN FAUSTIN 5493 timberleaf BLVD APT 1414 ORLANDO FL 32811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENELIQUE, MONTE C OAK HAVEN DR APT 204 ORLANDO FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PIERRE, DELAIDE 4903 RALEIGH ST APT 2 ORLANDO FL 32811 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FLEURIMA, ALEXANDRA 2109 AMBASSADOR CT ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/17/05 (407) 520-6801 Date Daytime Phone	