

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007328

FILED
Jan 08, 2005
Secretary of State

Entity Name: ELIM COMMUNITY CENTER, INC.

Current Principal Place of Business:

11989 SW 56TH ST
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11989 SW 56TH ST
MIAMI, FL 33175

New Mailing Address:

FEI Number: 35-2242431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, SHARON V
11989 SW 56TH ST
MIAMI, FL 33175 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: PD () Delete
Name: LOPEZ, SHARON V
Address: 14207 SW 165TH ST
City-St-Zip: MIAMI, FL 33177

Title: SD () Delete
Name: MIGLIO, TERESITA
Address: 310 SW 67TH CT
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: ALGUIRRE DE RINALDI, GLADYS
Address: 8173 SW 186 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LOPEZ, RUBEN D
Address: 14207 SW 165 ST
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ALONSO, CARMEN
Address: 13701 SW 66TH ST. #B308
City-St-Zip: MIAMI, FL 33183

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: SHARON V. LOPEZ

PD

01/08/2005

Electronic Signature of Signing Officer or Director

Date