

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011662

FILED
Jan 24, 2006
Secretary of State

Entity Name: ELOHIM 3-IN-1 MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 2963
HOMOSASSA, FL 34447

New Principal Place of Business:

Current Mailing Address:

PO BOX 2963
HOMOSASSA, FL 34447

New Mailing Address:

FEI Number: 20-2022640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, BERTON D
6911 HUDSON AVE
HUDSON, FL 34667 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: FLETCHER, BERTON D
Address: 6911 HUDSON AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: FLETCHER, ELENA I
Address: 6911 HUDSON AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: FLETCHER, MARY
Address: 19410 LELAND AVE
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: RUELO, ROBERTO R
Address: 16409 ASHWOOD DRIVE
City-St-Zip: TAMPA, FL 336241152 US

Title: D () Delete
Name: LEYNES, LORENZO, JR E
Address: RM 4D-14 BLDG 1 GSIS METROHOMES
City-St-Zip: PUREZA COR ANONAS STA MESA, MM 1016 RP

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:

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: ROBERTO R RUELO

D

01/24/2006

Electronic Signature of Signing Officer or Director

Date