

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90278 032 ****61.25

DOCUMENT # N05000002821

1. Entity Name
MINISTERIO EVANGELISTICO EL ULTIMO LLAMADO, INC.



Principal Place of Business
**1654 CARIBOU HUNT TRAIL
ORLANDO, FL 32824**

Mailing Address
**1654 CARIBOU HUNT TRAIL
ORLANDO, FL 32824**

2. Principal Place of Business

11329 CAMUS LN
Suite, Apt. #, etc.

3. Mailing Address

11329 CAMUS LN
Suite, Apt. #, etc.



02232006 Chg-NP CR2E037 (11/05)

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

20-2582782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32824

Orange

Zip

Country

32824

Orange

6. Name and Address of Current Registered Agent

**OJEDA, SAMUEL
1654 CARIBOU HUNT TRAIL
ORLANDO, FL 32824**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE PD ☐ Delete
NAME OJEDA, SAMUEL
STREET ADDRESS 1654 CARIBOU HUNT TRAIL
CITY-ST-ZIP ORLANDO, FL 32824

TITLE STD ☐ Delete
NAME ABREU, FRANCIS
STREET ADDRESS 1654 CARIBOU HUNT TRAIL
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **OJEDA, Samuel**
STREET ADDRESS **11329 CAMUS LN, ORLANDO**
CITY-ST-ZIP **FL 32824**

TITLE **STD** ☒ Change ☐ Addition
NAME **ABREU, Francis**
STREET ADDRESS **11329 CAMUS LN**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Samuel Ojeda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #