

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005125

FILED
Mar 20, 2009
Secretary of State

Entity Name: ELOHIM INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

9447 FONTAINEBLEAU BLVD
108
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9447 FONTAINEBLEAU BLVD
108
MIAMI, FL 33172

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:

GIRON, CARLOS
9447 FONTAINEBLEAU BLVD #108
MIAMI, FL 33172 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: P () Delete
Name: GIRON, CARLOS
Address: 9447 FONTAINEBLEAU BLVD #108
City-St-Zip: MIAMI, FL 33172

Title: VS () Delete
Name: AHUMADA, GUILLERMO
Address: 610 SUNRISE DR. # 6-D
City-St-Zip: STA. MARIA, CA 93455

Title: SEC () Delete
Name: MOREL, NORA
Address: 3147 SW 24 TERR
City-St-Zip: MIAMI, FL 33145

Title: TR (X) Delete
Name: SANTANA, GLORIA
Address: 8895 FONTAINEBLEAU BLVD # 502
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: MOREL, NORA
Address: 3147 SW 24 TERR
City-St-Zip: MIAMI, FL 33145

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: CARLOS GIRON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date