## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008800

Entity Name: ELIM EVANGELICAL CHURCH. INC

FILED Mar 11, 2009 Secretary of State

Entity Nar	me: ELIMEVA	ANGELICAL CHURCH, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
481 SE STAR FLOWER AVE PORT ST LUCIE, FL 34983				AR FLOWER AVE LUCIE, FL 34983	US	
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
481 SE STAR FLOWER AVE PORT ST LUCIE, FL 34983				481 SE STAR FLOWER AVE PORT ST LUCIE, FL 34983 US		
FEI Number:	: 26-3426891	FEI Number Applied For()	FEI Number Not App	licable ( ) Cert	ificate of Status Desired()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New I	Registered Agent:	
	L, LEBERT 'AR FLOWER LUCIE, FL 349					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registered office	or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP ( ) BRENOVIL, LE 481 SE STAR F PORT ST LUCI	LOWER AVE	Title: Name: Address: City-St-Zip:	P (X) Char BRENOVIL, LEBERT 481 SE STAR FLOW PORT ST LUCIE, FL		
Title: Name: Address: City-St-Zip:	DS ( ) FRANCOIS, MA 308 NW START PORT ST LUCI	FORD LANE	Title: Name: Address: City-St-Zip:	DS (X) Char FRANCOIS, MARIE F 308 NW STARTFORI PORT ST LUCIE, FL	LANE	
Title: Name: Address: City-St-Zip:	INNA, JEANET 5904 NW WHIT	Delete TE TECAP STREET JCIE, FL 34986	Title: Name: Address: City-St-Zip:	DVP (X) Char INNA, JEANETTE 5904 NW WHITECAF PORT SAINT LUCIE,		
Title: Name: Address: City-St-Zip:	( )	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Char MAZILE, WILNER 1843 SW BRADWAY PORT ST. LUCIE, FL		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zin:	D () Char DORIVAL, ANTOINE 3 3432 SW CATSKILL PORT ST LUCIE FL	DRIVE	

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: LEBERT BRENOVIL P 03/11/2009