FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

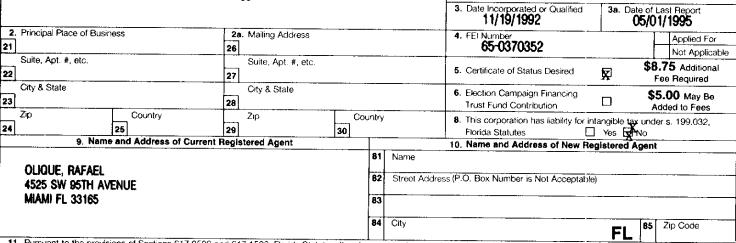
N92000000382 (3) DOCUMENT #

YOHOVAH ELOHEEM MINISTRIES, INC. WITH MYRTIS OLI

WOL	
Principal Place of Business	Mailing Address

4525 SW 95TH AVENUE MIAMI FL 33165

P.O. BOX 557601 MIAMI FL 33255-7601



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE					
	Signature, typed or printed name of registered agent and title if an	·	Registered Agent signature	required when reinstaling)	DATE
12.	OFFICERS AND DIRECT		13.	AOD:TIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	OLIQUE, MYRTIS REV.		1.2 NAME	1	
STREET ADDRESS	4525 SW 95TH AVE.		1.3 STREET ADDRESS	†	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY - ST - ZIP		
TITLE	Ţ	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLIQUE, RAFAEL		2.2 NAME		_ • –
STREET ADDRESS	4525 SW 95TH AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	HODGES, ANDRE'		32 NAME		
STREET ADDRESS	11935 SW 188 TERR		3 3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3 4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	Bethel, Elizbeth	- 1,-	4. 2 NAME	D	_ • _
STREET ADDRESS	3456 FROW AVE.		4.3 STREET ADDRESS	ELYIS HODGES	
CITY - ST - ZIP	MIAMI FL 33133		4.4 CITY - ST - ZIP	6709 SW 88th ST,	Miami Fl 33156
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHY - ST - ZIP		_
TITLE		DEFELE	61 TITLE		Change Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	y certify that the information sympled with this fi		6.4 CITY - ST - ZIP		

rou nereoy certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE:

ev. Liqui

CR2E037 (12/95)