

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000382

FILED
Apr 29, 2008
Secretary of State

Entity Name: YAHOVAH ELOHEEM MINISTRIES, INC. WITH REVERAND MYRTIS OLIQUE

Current Principal Place of Business:

12323 SW 133RD CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 651118
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 65-0370352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIQUE, RAFAEL
4525 SW 95TH AVENUE
MIAMI, FL 33165 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: PD () Delete
Name: OLIQUE, MYRTIS REV.
Address: 4525 SW 95TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: HODGES, ANDRE
Address: 11935 SW 188TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: HODGES, SHEILA
Address: 11935 SW 188TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: MONTALVAN, OSCAR
Address: 469 NW 5TH ST
City-St-Zip: MIAMI, FL 33130

Title: VP () Delete
Name: GEORGE, JUDITH
Address: 12901 SW 148TH ST. RD.
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: REV. MYRTIS OLIQUE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date