

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000008157**
1. Corporation Name
Iglesia Misionera "Elohim" II, Inc.

Principal Place of Business Mailing Address
**651 ELLISON PKWY.
HAINES CITY, FL
33844**

2. Principal Place of Business
21 **First Baptist Church**
Suite, Apt. #, etc.
22 **110 W MAPLE**
City & State
23 **Davenport, FL**
Zip
24 **33846** Country
25 **Pork**

2a. Mailing Address
Suite, Apt. #, etc.
27
City & State
28
Zip
29 **Pork** Country
30 **Pork**

3. Date Incorporated or Qualified **June 29 1995** 3a. Date of Last Report **N/A**
4. FEI Number **59-3329979** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 2 Yes ☒ 3 No

9. Name and Address of Current Registered Agent
**ALMA PAGAN
651 ELLISON PKWY.
HAINES CITY, FL.
33844**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☒ **P.D.** ☐ DELETE
NAME **ALMA PAGAN**
STREET ADDRESS **651 ELLISON PKWY.**
CITY-ST-ZIP **HAINES CITY, FL 33844**
TITLE ☒ **V.D.** ☐ DELETE
NAME **ANGEL PAGAN**
STREET ADDRESS **651 ELLISON PKWY.**
CITY-ST-ZIP **HAINES CITY, FL 33844**
TITLE ☒ **S.D.** ☐ DELETE
NAME **MARYA ORTEGA**
STREET ADDRESS **604 BAYPORT DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34758**
TITLE ☒ **T.D.** ☐ DELETE
NAME **ALBA ORTEGA**
STREET ADDRESS **604 BAYPORT DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34758**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby 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 13 if changed, or on an attachment with an address.

SIGNATURE: **ALMA P. PAGAN** **ALMA I. PAGAN** 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1991/04/08/83** Daytime Phone #

CR2E037 (12/95)