FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

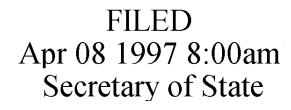
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N95000003157 (3)

IGLESIA MISIONERA "ELOHIM" II INCORPORATED

Principal Place of Business	Mailing Address				
110 W. MAPLE	651 ELLISON PKW				
DAVENPORT FL 33846	HAINES CITY FL 3				





DAVENPORT F		651 ELLISON PRWY. HAINES CITY FL 33844-84	24						
						3. Date Incorporated or Qualified 06/29/1995	3a . Da	te of Last F 05/01/1 9	Report
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number 59-3329979	- L	h	pplied For ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & Stel	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip	Country 25	Z ₁ p	Cour	ntry		8. This corporation has liability for i		tax under s	
671	9. Name and Address of Curre	7 - 1	[30]			10. Name and Address of New Re			
				81	Name		,		
PAGAN	. ALMA		-	82	Ctroot A	ddress (P.O. Box Numbor is Not Acceptab	1-3		
	LISON PARKWAY			02	SHEEL A	udress (F.O. Box Number is Not Acceptab	e)		
HAINES	CITY FL 33844			83					
			-	84	City		FI	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Statem familier with, and accept the obli	502 and 617.1508, Florida Statute te of Florida. Such change was a gations of Section 617.0503, Flor	es, the ab authorized	ove by	rnamed o	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of	changing it sintment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered a					equired when reinstaling)	DATE		
12.		ND DIRECTORS	13.	Agei	in s griature te	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 1111	LF	T	1,000,000,000,000		Change	Addition
NAME	PAGAN, ALMA		1.2 NA	ME				-	_
STREET ADDRESS	651 ELLISON PARKWAY		1.3 STF	REET A	ADDRESS				
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CIT	Y-\$1	I - Z IP				
TITLE	S/D	☐ DELFTE	2.1 7(1)	LE				Change	Addition
NAME	PAGAN, MAYRA		2.2 NA	ME					
STREET ADDRESS	604 BAYPORT DR.				ADDRESS	and the second second			
CITY-ST-ZIP TITLE	KISSIMMEE FL 34758	DELETE	2. 4 CI	_	1-ZIP				1111111
NAME	ORTEGA, RUBEN	[] Officit	3.1 TITU 3.2 NAM		1		,	Change	Addition
STREET ADDRESS	604 BAYPORT DR.				ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34758		3.4. CIT						İ
TITLE	V/D	DELETE	4.1 TITL		1,511			Change	Addition
NAME	PAGAN, ANGEL R		4. 2 NA	ME			•		
STREET ADDRESS	651 ELLISON PARKWAY		4.3 STR	REET A	ADDRESS				
CITY-ST-ZIP	HAINES CITY FL 33844		4.4 Cill	Y-ST	r- ZIP				
TITLE		DELETE	5.1 1(1)	.E				Change	Addition
NAME			5.2 NAM	ИE	1				
STREET ADDRESS			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY		- ZIP				
TITLE 1		☐ DELETE	6.1 TITL				[Change	Addition
NAME (6.2 NAN						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CITY	Y-ST	- Z }P				

I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.