

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000005829 (5)**  
1. Corporation Name

**MINISTERIO EVANGELISTICO EL LLAMADO DE DIOS, INC**



Principal Place of Business <b>5328 SNOWFLAKE COURT ORLANDO FL 32839</b>	Mailing Address <b>5328 SNOWFLAKE COURT ORLANDO FL 32839</b>
---	---

3. Date Incorporated or Qualified

**12/07/1995**

4. FEI Number

**59-3381408**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGOSTO, RAUL REV.  
5328 SNOWFLAKE COURT  
ORLANDO FL 32839**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AGOSTO, RAUL</b>	
STREET ADDRESS	<b>5328 SNOWFLAKE COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32839</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AGOSTO, JULIA R</b>	
STREET ADDRESS	<b>5328 SNOWFLAKE COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32839</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CASTILLO, EDUARDO</b>	
STREET ADDRESS	<b>35 WALL STREET</b>	
CITY - ST - ZIP	<b>EUSTICE FL 32728</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, FLORENCE</b>	
STREET ADDRESS	<b>5512 CASABLANCA LANE, APT. #3</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32807-1550</b>	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CARBAJAL FLORENCE</b>
4.3 STREET ADDRESS	<b>202 FIRST ST.</b>
4.4 CITY - ST - ZIP	<b>WINTER GARDEN, FL 34787</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OLIVEIRA, JOSE</b>	
STREET ADDRESS	<b>6516 SPRINGLAND COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32818</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

*Raul Agosto*

4-11-98 352-6860

CR2E037 (10/97)