

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90062 041 \*\*\*\*61.25

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DOCUMENT # N95000005829

1. Corporation Name

MINISTERIO EVANGELISTICO EL LLAMADO DE DIOS, INC

Principal Place of Business

5328 SNOWFLAKE COURT  
ORLANDO FL 32839

Mailing Address

5328 SNOWFLAKE COURT  
ORLANDO FL 32839



2. Principal Place of Business

21 504 PALM AVE

Suite, Apt. #, etc.

22 WINTER GARDEN FL

City & State

23 34787 ORANGE

Zip

Country

24

2a. Mailing Address

26 P.O. Box 405

Suite, Apt. #, etc.

27 OCEE FL

City & State

28 34761-6405

Zip

Country

29

30

3. Date Incorporated or Qualified

12/07/1995

4. FEI Number

59-3381408

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

9. Name and Address of Current Registered Agent

AGOSTO, RAUL REV.  
5328 SNOWFLAKE COURT  
ORLANDO FL 32839

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 ☐ DELETE

NAME D AGOSTO, RAUL  
STREET ADDRESS 5328 SNOWFLAKE COURT  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME D AGOSTO, JULIA R  
STREET ADDRESS 5328 SNOWFLAKE COURT  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME D CARBAJAL, FLORENCE  
STREET ADDRESS 202 FIRST ST  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ DELETE

NAME D OLIVEIRA, JOSE  
STREET ADDRESS 6516 SPRINGLAND COURT  
CITY-ST-ZIP ORLANDO FL 32818

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

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, with all other like empowered.

SIGNATURE:

*Raul Agosto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 407 654-2674  
Date Daytime Phone #

CR2E037 (11/98)