

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005829**

**1. Entity Name**

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



**Principal Place of Business**

**504 PALM AVE  
WINTER GARDEN FL 34787**

**Mailing Address**

**405 PALM AVE.  
WINTER GARDEN  
WINTER GARDEN FL 34787**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

**4. FEI Number**

**59-3381408**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AGOSTO, RAUL REV.  
320 REGAL DOWNS CIRCLE  
WINTER GARDEN FL 34787**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete

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

**TITLE** **D** ☐ Delete

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

**TITLE** **D** ☐ Delete

**NAME** **DELGADO, RAUL**  
**STREET ADDRESS** **236 DANIELS POINTE**  
**CITY - ST - ZIP** **WINTER GARDEN FL 34787**

**TITLE** **D** ☐ Delete

**NAME** **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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Raul Agosto* **RAUL AGOSTO**

**2-24-05**

**407-654-2674**