

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 006 ****61.25

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

405 PALM STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER GARDEN, FL

Zip

Country

Zip

Country

34787

ORANGE

4. FEI Number

59-3381408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **DIRECTOR Pastor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 407-797-0211

Date

Daytime Phone #