

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 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 ST
WINTER GARDEN, FL 34787**



05012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000780575
05/25/07-80018-013 70.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-07

Date

407-797-0211

Daytime Phone #