

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90478 015 ****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

**PO BOX 405
OCOOEE FL 34761**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

405 PALM AVE

WINTER GARDEN

FL

34787

ORANGE



☒ CHECK HERE IF MAKING CHANGES

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

Raul Agosto Minister

2-28-03

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

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 **CARBAJAL, FLORENCE**
STREET ADDRESS **202 FIRST ST**
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 **RAUL Delgado**
STREET ADDRESS **236 DANIEL'S POINTE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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 REQUIRED

2-28-03 407-654-2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)