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

DOCUMENT # N97000003319 2004

1. Entity Name

MINISTERIO MISIONERO ELOHIM, INC.

FILED
04 APR 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4561 BANCROFT BLVD. | P.O. Box 780088 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO FL | City & State: ORLANDO FL |
| Zip: 32833 Country: | Zip: 32878 Country: |

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

Name: Miriam I. Herrera

Street Address (P.O. Box Number is Not Acceptable): 4561 Bancroft Blvd.

City: Orlando **FL** Zip Code: 32833

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

**FEE IS $61.25**
**Initial or Amended UBR**

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<br>NAME DAVID HERRERA<br>STREET ADDRESS 4561 Bancroft Blvd.<br>CITY-ST-ZIP Orlando FL 32833 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE PD<br>NAME MIRIAM HERRERA<br>STREET ADDRESS 4561 Bancroft Blvd.<br>CITY-ST-ZIP Orlando FL 32833 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE SD<br>NAME Rebecca Cepeda<br>STREET ADDRESS 2015 Corner Medow Cir.<br>CITY-ST-ZIP Orlando FL 32820 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ April 15, 2004 407-568-4735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #