

ck.# 718

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # N97000003319

1. Entity Name
MINISTERIO MISIONERO ELOHIM, INC.



Principal Place of Business
4561 BANCROFT BLVD
ORLANDO, FL 32833

Mailing Address
PO BOX 780088
ORLANDO, FL 32878



05112006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, MIRIAM I
4561 BANCROFT BLVD
ORLANDO, FL 32833

**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 (Applicable)

(If filer is registered agent, signature required with filing)

DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HERRERA, DAVID
STREET ADDRESS 4561 BANCROFT BLVD
CITY-ST-ZIP ORLANDO, FL 32833

TITLE PD
NAME HERRERA, MIRIAM
STREET ADDRESS 4561 BANCROFT BLVD
CITY-ST-ZIP ORLANDO, FL 32833

TITLE SD
NAME CEPEDA, REBECCA
STREET ADDRESS 2015 CORNER MEDOW CIR
CITY-ST-ZIP ORLANDO, FL 32820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000565467
05/20/06-80138-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Signature

5/15/06