## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 31, 2008 8:00 am Secretary of State DOCUMENT # N97000003319 03-31-2008 90036 021 \*\*\*\*70.00 MINISTERIO MISIONERO ELOHIM, INC. Principal Place of Business Mailing Address 4561 BANCROFT BLVD ORLANDO FL 32833 PO BOX 780088 ORLANDO FL 32878 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 826 Spring OAK circle Suite, Apr. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE (. 3282*8* ORL Ando Not Applicable Zip 33828 Zio Country \$8.75 Additional 5. Certificate of Status Desired ORAnge lopida Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRIAM HERRERA, MIRIAM I 4561 BANCROFT BLVD ORLANDO FL 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, typod or printed name of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to ... \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees arisan parame ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE HERRERa, David HERRERA, DAVID NAME NAME STREET ADDRESS 4561 BANCROFT BLVD 826 SpRING OAK circle STREET ADDRESS ORLANDO FL 32833 CITY-ST-7IP CITY-ST-ZIP ORLAndo, FL. 32828 PD TITLE ☐ Delete TITLE ☐ Addition PDHERRERA, MiRIAM HERRERA, MIRIAM NAME NAME 826 Spring OAK wide ORLAnda, FL: 32828 4561 BANCROFT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32833 CITY-ST-ZIP SD TITLE Delete TITLE SD Cepeda, Rebecca CEPEDA, REBECCA NAME STREET ADDRESS 2015 CORNER MEDOW CIR STREET ADDRESS 10968 Willow Ridge Loop ORLANDO FL 32820 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete шп ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P 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:

March 18, 2008

407-275-9805

FILED