

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 004 ****75.00

DOCUMENT # N97000003319

1. Entity Name

MINISTERIO MISIONERO ELOHIM, INC.



Principal Place of Business

**4832 FAIRVIEW AVE
ORLANDO FL 32804**

Mailing Address

**4832 FAIRVIEW AVE
ORLANDO FL 32804**

2. Principal Place of Business

4561 Bancroft Blvd. P.O. Box

3. Mailing Address

547507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CAPE

547507

ORLANDO, ESTATES

ORLANDO FL.

Zip

Country

32822

FLORIDA

Zip

Country

32854

FLORIDA

6. Name and Address of Current Registered Agent

**HERRERA, MIRIAM
4832 FAIRVIEW AVE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

HERRERA, MIRIAM

Street Address (P.O. Box Number is Not Acceptable)

4561 Bancroft Blvd.

Cape

City

Orlando, Estates FL

Zip Code

32822

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

Miriam D. Herrera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 2003

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 **HERRERA, DAVID**
STREET ADDRESS **4832 FAIRVIEW AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☐ Delete
NAME **HERRERA, MIRIAM**
STREET ADDRESS **4832 FAIRVIEW AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **SD** ☐ Delete
NAME **CEPEDA, REBECCA**
STREET ADDRESS **4832 FAIRVIEW AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **# 4561 Bancroft Blvd.**
CITY-ST-ZIP **CAPE, ORLANDO ESTATES FL 32822**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4561 Bancroft Blvd.**
CITY-ST-ZIP **CAPE, ORLANDO, ESTATES FL 32822**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5215 LAVAL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32839**

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:

SIGNATURE REQUIRED

4-18-03

**407-970-9879
407-617-3141**

CR2E037 (10/02)