

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005308

FILED
Feb 23, 2009
Secretary of State

Entity Name: ASAMBLEAS MISIONERAS ELIM, INC.

Current Principal Place of Business:

11989 SW 56TH STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11989 SW 56TH STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0790030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, EDUARDO L
11255 SW 43RD LANE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

SZUST, MAURICE E
5444 SW 148 PL
MIAMI, FL 33185 US

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.

SIGNATURE: MAURICE SZUST 02/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, REV. RUBEN D
Address: 14207 SW 165TH STREET
City-St-Zip: MIAMI, FL 33177

Title: VPD () Delete
Name: SZUST, MAURICE
Address: 4330 SW 147TH PLACE
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: ALONSO, EDUARDO L
Address: 11255 SW 43RD LANE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ANAICO, FIDEL
Address: 4834 SW 143 CT
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SZUST, MAURICE
Address: 5444 SW 148 PL
City-St-Zip: MIAMI, FL 33185

Title: SD (X) Change () Addition
Name: LIDIA, GUTIERREZ
Address: 817 GRANADA GROVE CT
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: ANALCO, FIDEL
Address: 4834 SW 143 CT
City-St-Zip: MIAMI, FL 33175

Title: TD () Change (X) Addition
Name: GONZALEZ, MICHAEL
Address: 11208 NW 75 TERR
City-St-Zip: MIAMI, FL 33178

Title: D () Change (X) Addition
Name: MIGLIO, TERESA
Address: 310 SW 67TH AVE
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE SZUST VPD 02/23/2009
Electronic Signature of Signing Officer or Director Date