2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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03-14-2005 90090 020 ****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20020581

DOCUMENT # N98000003844

1. Entity Name

ELIM MISSIONARY COMMUNITY OUTREACH CENTER CORPORATION

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
11500 SW 182ND TERRACE MIAMI FL 33157	11500 SW 182ND TERRACE MIAMI FL 33157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0851576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ALFREDO J
11500 SW 182ND TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name: Juan C Benitez

Street Address (P.O. Box Number is Not Acceptable): 11500 SW 182nd terr

City: Miami FL FL Zip Code: 33157

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, ALFREDO J REV. 11500 SW 182ND TERRACE MIAMI FL 33157	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Juan C. Benitez 11546 SW 170TH ST Miami fl 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, MARTHA 11500 SW 182ND TERRACE MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Martha Benitez 11546 SW 170TH ST Miami fl 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRUZ, MARIANELA 11500 SW 182ND TERRACE MIAMI FL 33157	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Marta Garcia 11500 SW 182nd terr Miami fl 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENITEZ, JUAN C 11500 SW 182ND TERRACE MIAMI FL 33157	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	treasurer Alfredo Garcia 11500 SW 182nd terr Miami fl 33157	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENITEZ, MARTHA 11500 SW 182ND TERRACE MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 10/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #