

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90222 017 \*\*\*\*61.25

**DOCUMENT # N98000003844**

1. Entity Name

**ELIM MISSIONARY COMMUNITY OUTREACH CENTER  
CORPORATION**



Principal Place of Business

11500 SW 182ND TERRACE  
MIAMI FL 33157

Mailing Address

11500 SW 182ND TERRACE  
MIAMI FL 33157



2. Principal Place of Business

*Same*

Suite, Apt. #, etc.

3. Mailing Address

*Same*

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

1st MOORE

CR2E037 (10/05)

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 *J. Claudio Benitez*

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

*11500 SW 182nd Terrace*

City *Miami*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*3/13/06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **BENITEZ, JUAN C**  
CITY-ST-ZIP **11546 SW 170TH ST**  
**MIAMI FL 33157**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **BENITEZ, MARTHA**  
CITY-ST-ZIP **11546 SW 170TH ST**  
**MIAMI FL 33157**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **GARCIA, MARTA**  
CITY-ST-ZIP **11500 SW 182ND TERRACE**  
**MIAMI FL 33157**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GARCIA, ALFREDO**  
CITY-ST-ZIP **11500 SW 182ND TERRACE**  
**MIAMI FL 33157**

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  
CITY-ST-ZIP

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

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 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: *[Signature]*

*3/13/06*