

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004485

Entity Name: ELOHIM'S FOLD MINISTRIES, INC.**Current Principal Place of Business:**9360 FOUNTAINEBLEAU BLVD
D 212
MIAMI, FL 33172**Current Mailing Address:**9360 FOUNTAINEBLEAU BLVD
D 212
MIAMI, FL 33172 US**FEI Number:** 27-2145277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, HOLLMAN
9360 FOUNTAINEBLEAU BLVD
D 212
MIAMI, FL 33172 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CASTRO, HOLLMAN
Address	9360 FOUNTAINEBLEAU BLVD D 212
City-State-Zip:	MIAMI FL 33172

Title	VP
Name	CEBALLOS, ADRIANA
Address	9360 FOUNTAINEBLEAU BLVD D 212
City-State-Zip:	MIAMI FL 33172

Title	TREASURER
Name	CORTES, YENNY A
Address	13403 NW 5 PLACE
City-State-Zip:	PLANTATION FL 33325

Title	SECRETARY
Name	SACCHETTI, MARIA L
Address	8478 NW 109 COURT
City-State-Zip:	MIAMI FL 33178

Title	DEACONESS
Name	BERMEJO, PILAR
Address	4720 SW 142 CT
City-State-Zip:	MIAMI FL 33175

Title	DEACON
Name	DIAZ, SHAMMER
Address	1020 CHERRY BLOSSOM DR
City-State-Zip:	VERONA WI 53593

Title	DEACON
Name	BERMEJO, PAOLA
Address	4720 SW 142 CT
City-State-Zip:	MIAMI FL 33175

I hereby 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 all other like empowered.

SIGNATURE: HOLLMAN CASTRO**PRESIDENT****01/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date