

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90276 022 ****61.25



DOCUMENT # N03000010451
 1. Entity Name
ELIJAH'S FATHERING MINISTRY, INC.

Principal Place of Business Mailing Address
2185 NW 20TH STREET **2185 NW 20TH STREET**
FT. LAUDERDALE FL 33311 **FT. LAUDERDALE FL 33311**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **54-2138059** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MATTHEWS, CLESTER ELIJAH
2185 NW 20TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and firm if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE **PD**
 NAME **MATTHEWS, CLESTER**
 STREET ADDRESS **2185 NW 20TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **VD**
 NAME **MATTHEWS, DOROTHY**
 STREET ADDRESS **4940 NW 18TH STREET**
 CITY-ST-ZIP **LAUDERHILL, FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **SD**
 NAME **MATTHEWS, DOROTHY**
 STREET ADDRESS **2185 NW 20TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 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: Dorothy Matthews Dorothy Matthews 4/27/04 954-605-6104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #