

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18410 (3)
1. Corporation Name
ELIJAH MINISTRIES INC.



Principal Place of Business Mailing Address
2123 COLCORD WACO TX 76707 **P. O. BOX 3126 WACO TX 76707**

3. Date Incorporated or Qualified **12/23/1986** 3a. Date of Last Report **02/06/1995**
4. FEI Number **59-2843731** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**OSBORNE, CHRIS REV.
4595 9TH AVE. N.
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name **REV. CHRIS OSBORNE**
82 Street Address (P.O. Box Number is Not Acceptable) **6200 62ND AVE.**
83
84 City **PINELLAS PARK** FL 85 Zip Code **34665**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rev. Chris Osborne*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **1-25-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, RUSTY LEE REV.	
STREET ADDRESS	2123 COLCORD	
CITY-ST-ZIP	WACO TX 76707	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, LIZ	
STREET ADDRESS	2123 COLCORD	
CITY-ST-ZIP	WACO TX 76707	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OSBORNE, CHRIS REV.	
STREET ADDRESS	4595 9TH AVE. N. - 6200 62ND AVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33713 PINELLAS PARK, FL 34665	
TITLE	STAF	<input type="checkbox"/> DELETE
NAME	VAUGHN, PAUL	
STREET ADDRESS	2403 SUMMER - 2410 SUMMER	
CITY-ST-ZIP	WACO TX 76708	
TITLE	ADV	<input type="checkbox"/> DELETE
NAME	VINZANT, DANIEL REV.	
STREET ADDRESS	1109 WEDGEWOOD	
CITY-ST-ZIP	WACO TX 76712	
TITLE	ADV	<input type="checkbox"/> DELETE
NAME	BUCHANAN, BRIAN ESQ.	
STREET ADDRESS	3804 E. LANCASTER	
CITY-ST-ZIP	FT. WORTH TX 76103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rusty Lee Thomas - PRESIDENT* 1/19/96 (817) 753-3017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)