

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 2123 COLCORD WACO TX 76707 | Mailing Address P. O. BOX 3126 WACO TX 76707-0126 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/23/1986 | 3a. Date of Last Report 01/31/1996 |
| 4. FEI Number 59-2843731 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**OSBORNE, REV. CHRIS
6200 62ND AVE.
PINELLAS PARK FL 34685**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 *Christopher P. Osborne* **1-18-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 | 6200 62ND AVE. | |
| CITY-ST-ZIP | PINELLAS PARK FL | |
| TITLE | STAF | <input type="checkbox"/> DELETE |
| NAME | VAUGHN, PAUL | |
| STREET ADDRESS | 2410 SUMMER | |
| CITY-ST-ZIP | WACO TX | |
| TITLE | ADV | <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **1-18-97**

CR2E037 (9/96)