


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/23/1986		
4. FEI Number 59-2843731	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 988 MEANDERING WAY Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 CHINA SPRING, TX. City & State	27 City & State
23 Zip 24 76633	Country 25 U.S.A.

9. Name and Address of Current Registered Agent
OSBORNE, REV. CHRIS
6200 62ND AVE.
PINELLAS PARK FL 34665

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 Chris Osborne DATE **1-12-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	THOMAS, RUSTY LEE REV.	1.2 NAME	THOMAS, RUSTY LEE REV.
STREET ADDRESS	2123 COLCORD	1.3 STREET ADDRESS	988 MEANDERING WAY
CITY-ST-ZIP	WACO TX 76707	1.4 CITY-ST-ZIP	CHINA SPRING, TX. 76633
TITLE	VD	2.1 TITLE	VD
NAME	THOMAS, LIZ	2.2 NAME	THOMAS, LIZ
STREET ADDRESS	2123 COLCORD	2.3 STREET ADDRESS	988 MEANDERING WAY
CITY-ST-ZIP	WACO TX 76707	2.4 CITY-ST-ZIP	CHINA SPRING, TX. 76633
TITLE	STD	3.1 TITLE	
NAME	OSBORNE, CHRIS REV.	3.2 NAME	
STREET ADDRESS	6200 62ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	STAF	4.1 TITLE	STAF
NAME	VAUGHN, PAUL	4.2 NAME	VAUGHN, PAUL
STREET ADDRESS	2410 SUMMER	4.3 STREET ADDRESS	115 SADDLEHORN
CITY-ST-ZIP	WACO TX	4.4 CITY-ST-ZIP	HEWITT, TX. 76643
TITLE	ADV	5.1 TITLE	
NAME	BUCHANAN, BRIAN ESQ.	5.2 NAME	
STREET ADDRESS	3804 E. LANCASTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76103	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
Signature, typed or printed name of registered agent and title if applicable.

1/7/98

CR2E037 (10/97)