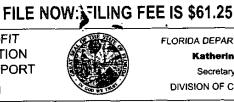
NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #	N18410
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1. Corporation Name

1999

ELIJAH MINISTRIES INC.				
Principal Place of Business	Mailing Address	<del></del>		
988 MEANDERING WAY CHINA SPRING TX 76633 US	P. O. BOX 3126 WACO TX 76707			

**FILED** Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90048 008 \*\*\*\*61.25

Principal Place of Business Mailing Address									
Principal Place of Business Mailing Address  988 MEANDERING WAY P. O. BOX 3126					. (1840)01 081 1(40) 1670 4(40) 15	Di Bani Bibil dil	)	41 <b>4</b> (1 <b>414</b> (1 4 <b>14</b> )	
CHINA SPRING		WACO TX 76707			Í				
US							11) <b>40)+ 4</b> (41) 46	EII WIW(† U(#))	
								•	
2. Principal Pl	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed			
24	acc of Business	26				12/23/1986			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			opplied For
22		27				59-2843731			lot Applicable
City & State	9	City & State				5. Certifcate of Status Desired	0		Additional
23		28							Required
Zip	Country	Zip	Coui	ntry	ï	6. Election Campaign Financing			May Be
24	25	29 3	<u>ol</u> ,	r		Trust Fund Contribution  10. Name and Address of New	Danistarad		I to Fees
	9. Name and Address of Current	Registered Agent		81 Na	me ^				
000000	PEN OUDIO				-RA		VXOV	CH_	
	E, REV. CHRIS			82 Str	eet Addres 7006	SS (P.O. Box Number is Not Accept	able)		
6200 62N			Ì	83	000		涨	··· ·	
PINELLAS	PARK FL 34665							T	<del></del>
				84 Cit	ROAL	DENTON,	FL	85 Zip	1208
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the al	bove-nan	ned comor	ation submits this statement for the	purpose of	changing i	ts registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	nonzed	l by the c	corporation	's board of directors. I hereby acce	pt the appoi	ntment'as	registered
-	<+ > 0'0	(01.5 61, COOROT 011.5000) · Total	0.0					1-19	-99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered	Agent signa	v beniupen enut	when reinstating)	DATE		· <del>·····</del>
12.	OFFICERS ANI		13.		,	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TIT				- 15 · 15 · 15 · 15 · 15 · 15 · 15 · 15	Change	Addition
NAME	THOMAS, RUSTY LEE REV.		1.2 NA				1		
STREET ADDRESS	988 MEADERING WAY		Ŀ	REET ADDR	ESS				
CITY-ST-ZIP	CHINA SPRINGS TX 76633	☐ DELETE	_	TY-ST-ZIP	<del></del>			Change	Addition
TITLE	VD	□ bereie	2.1 TIT		ļ			Oneinge	
NAME	THOMAS, LIZ		2.2 NA				· ¥		
STREET ADDRESS	988 MEANDERING WAY			REET ADDR	ESS	, v		,	,
CITY-ST-ZIP	CHINA SPRINGS TX 76707	DELETE	2.4 Ci	TY-ST-ZIP	PA	STOR		☐ Change	Addition
TITLE !	STD OSBODNE CHOIS DEV	(M. DCLE)	3.1 JII		150	TAL PAVKOVICH	· :	بور م	
NAME	OSBORNE, CHRIS REV. 6200 62ND AVE.			reet addr		AN PANKOVICH 06 YIST AVE E.	1.		
STREET ADDRESS	PINELLAS PARK FL		1		20	APENTON FL. 3	42 24		
CITY-ST-ZIP TITLE	STAF	□ DELETE	4.1 TII	ity-st-zip ile	JOK	TIPENTON I'CL'S	1300	Change	Addition
NAME	VAUGHN, PAUL	<del></del> -	4. 2 N					_ •	•
STREET ADDRESS	115 SADDLEHORN			REET ADOR	tess	•	18 7		
CITY-ST-ZIP	HEWITT TX 76643	,		TY-ST-ZIP			• :	. ••	\
TITLE	ADV	DELETE	5.1 TIT		AO	<del>/</del>		☐ Change	Addition
NAME	BUCHANAN, BRIAN ESQ.	_	5.2 NA		BRE	COOPY ESQ. 5 W. EUZADETH.		•	
STREET ADDRESS	3804 E. LANCASTER		5.3 ST	REET ADDR	ESS 90	5 W. ELIZAGEIH.		. • •	
CITY-ST-ZIP	FT. WORTH TX 76103		5.4 CI	TY-ST-ZIP	WA	co. TX. 76706			
TITLE		☐ DELETE	6.1 TI	TLE:	1-011	<del></del>		Change	Addition
NAME			6.2 NA	WE	- 1				
STREET ADDRESS			6.3 ST	REET ADDR	RESS				
J	Ì		e a cr	TV OT ZID	Į.				

14. 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 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, with all other like empowered.

SIGNATURE:

LIGHATURE BEQUIRED