2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # N18410** 01-19-2000 90175 050 ****61.25 **ELIJAH MINISTRIES INC.** Principal Place of Business Mailing Address 988 MEANDERING WAY P. O. BOX 3126 WACO TX 76707-0126 CHINA SPRING TX 76633 603101 2. Principal Place of Business 3. Mailing Address SAME 312 N. ROCK CREEK RO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2843731 Not Applicable NACO. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAVKOVICH, STAN REV 7006 41ST AVE E. **BRADENTON FL 34208** City Zip Code FL 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. 1-11-2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete TITLE ☐ Addition NAME THOMAS, RUSTY LEE REV. NAME STREET ADDRESS STREET ADDRESS 988 MEADERING WAY CITY-ST-ZIP CITY-ST-ZIP CHINA SPRINGS TX 76633 ☐ Delete TITLE Change ☐ Addition NAME NAME THOMAS, LIZ STREET ADDRESS STREET ADDRESS 988 MEANDERING WAY CITY-ST-ZIP CITY-ST-ZIP CHINA SPRINGS TX 76707 ☐ Delete TITLE ☐ Change ☐ Addition TITLE STD NAME NAME Pavkovich, Stan Rev STREET ADDRESS STREET ADDRESS 7006.41ST AVE E CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete Change ☐ Addition TITLE STAF TITLE NAME NAME VAUGHN, PAUL STREET ADDRESS STREET ADDRESS 115 SADDLEHORN CITY-ST-ZIP CITY-ST-ZIP HEWITT TX 76643 TITLE Change ☐ Addition **ADV** ☐ Delete TITLE COODY, BRET ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 905 W. ELIZABETH CITY-ST-ZIP CITY-ST-ZIP WACO TX 76706 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

SIGNATURE: RESERVE SINEROSTY LEE THOMAS 1/6/00 (254)836-1037

changed, or on an attachment with an address, with all other like empowered