

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010451

**Entity Name:** ELIJAH'S FATHERING MINISTRY, INC.

**Current Principal Place of Business:**

2185 NW 20TH STREET  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

9319 GARDEN OVERLOOK LANE  
JACKSONVILLE, FL 32219 US

**FEI Number:** 54-2138059

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATTHEWS, CLESTER E  
9319 GARDEN OVERLOOK LN  
JACKSONVILLE, FL 32219 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MATTHEWS, CLESTER  
Address 9319 GARDEN OVERLOOK LN  
City-State-Zip: JACKSONVILLE FL 32219

Title SDV  
Name MATTHEWS, DOROTHY  
Address 9319 GARDEN OVERLOOK LN  
City-State-Zip: JACKSONVILLE FL 32219

Title D  
Name BROWN, JOYCE  
Address 1681 E BAY ST  
City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER  
Name MATTHEWS, MALAIKA  
Address 5681 W MCNAB RD  
City-State-Zip: N LAUDERDALE FL 33068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOROTHY MATTHEWS

SDV

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date