

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009589

**Entity Name:** E J MINISTRIES, INC**Current Principal Place of Business:**3012 1ST W  
LEHIGH ACRES, FL 33971**Current Mailing Address:**3012 1ST W  
LEHIGH ACRES, FL 33971**FEI Number:** 81-4030105**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEAN, ELIPHENE  
3012 1ST W  
LEHIGH ACRES, FL 33971 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	PRESIDENT
Name	JEAN, ELIPHENE
Address	3012 1ST W
City-State-Zip:	LEHIGH ACRES FL 33971

Title	TRES
Name	JULMEUS, WILNER
Address	419 GREENWOOD AVE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	VP
Name	NEROMIE, JEAN
Address	3012 1ST W
City-State-Zip:	LEHIGH ACRES FL 33971

Title	COOR
Name	LUC, COLES
Address	1022 NELSON RD N
City-State-Zip:	CAPE CORAL FL 33990

Title	REPRESENTATIVE
Name	MERCREDI, ELIZABETH
Address	9199 MELODY RD
City-State-Zip:	LAKE WORTH FL 33467

Title	ASST. SECRETARY
Name	TANELUS, YOLANDE
Address	3012 1ST W
City-State-Zip:	LEHIGH ACRES FL 33971

*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:** ELIPHENE JEAN**PRESIDENT****02/13/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date