

**2019 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            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            VP  
Name            NAROMIE, JEAN  
Address        3012 1ST W  
City-State-Zip: LEHIGH ACRES FL 33971

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: JEAN ELIPHENE**

**PRESIDENT**

**05/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date