

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003893

**FILED**  
**Feb 25, 2016**  
**Secretary of State**  
**CC0505733959**

**Entity Name:** EL SHADDAI CHRISTIAN CHURCH INC

**Current Principal Place of Business:**

13001 LANDSTAR BLVD.  
ORLANDO, FL 32824

**Current Mailing Address:**

13001 LANDSTAR BLVD.  
ORLANDO, FL 32824

**FEI Number: 59-3455936**

**Certificate of Status Desired: Yes**

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

ACEVEDO, NICK  
487 CHICAGO WOODS CIRCLE  
ORLANDO, FL 32824 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 ACEVEDO, NICK  
Address 487 CHICAGO WOODS CIR  
City-State-Zip: ORLANDO FL 32824

Title VD  
Name VARGAS, DAVID  
Address 3888 NORTH SHORE BLVD  
City-State-Zip: KISSIMMEE FL 34744

Title SD  
Name ACEVEDO, YORDANIA  
Address 487 CHICAGO WOODS CIR  
City-State-Zip: ORLANDO FL 32824

Title SD  
Name HELENA, GOMEZ  
Address 13954 CORRINE KEY PLACE  
City-State-Zip: ORLANDO FL 32825

Title TD  
Name LANG, CHAD  
Address 14318 WISFUL LOOP  
City-State-Zip: ORLANDO FL 32824

Title TD  
Name HEBERT, LOPES  
Address 8 WHITE MARSH CIRCLE  
City-State-Zip: ORLANDO FL 32824

*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: HEBERT LOPES**

**TREASURER**

**02/25/2016**

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

\_\_\_\_\_  
Date