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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728020

(9)

ANOINTED OF GOD PATHFINDERS OF ELIJAH, INCORPORA

## FILED Apr 28 1997 8:00am Secretary of State



City & State  28  City & State  28  Country  Solution
3. Date Incorporated or Qualified 11/14/1973 3a. Date of Last Report 05/01/1996  2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 85-0353118 Applied For Not Applied For Suite, Apt. #, etc.  21 SAME AS ABOVE 26 P.O.B. SAME AS ABOVE 85-0353118 Not Applied For Not Applied For Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  27 City & State 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Required 7. Fee Required 7. Trust Fund Contribution 7. Added to Fees 7. Added to Fees 7. Added to Fees 7. Added to Fees 7. Trust Fund Contribution 8. This corporation has liability for intangible lax under s. 199.032, 190.032,
21 SAME AS ABOVE  Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 City & State  City & State  28 Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  Sinte, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Added to Fees  Added to Fees  Florida Statutes Yes No  Nome and Address of Current Registered Agent  10. Name and Address of New Registered Agent
27   S. Certificate of Status Desired   A   Fee Required
City & State  28  City & State  28  City & State  City & State  28  City & State  Country  Country  Country  Country  Solution  Solution  Florida Statutes  Yes  No  Nome and Address of New Registered Agent  City & State  Added to Fees  Added to Fees  Solution  Added to Fees  Florida Statutes  Yes  No  Nome and Address of New Registered Agent
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,  24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
24 25 29 30 Florida Statutes Yes A No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent
81) Name
WESSELHOEFT HENRY JOHN STAFF GEN  82 Street Address (P.O. Box Number is Not Acceptable)
1611 4TH ST SOUTH
ST. PETERSBURG FL 33701
84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the burpase of changing its registers
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation is board of directors. I hereby adopt the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, with Statutes.
SIGNATURE HENRY JOHN WESSELHOEFT : PRESIDENT CAPY Signature, typed or protect name of registative agent and title if applicable (NOTE: Registated Robin signature typed when remediting)  DATE  OATE
12. OFFICERS AND DIRECTORS 13. // ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE C C Change Additi
NAME FARRELL, BOBBY, GENERAL 12 NAME
STREET ADDRESS 1826 POPLAR LANE S.W. 1.3 STREET ADDRESS
CITY-ST-ZIP   ALBUQUERQUE NM   1.4 CITY-ST-ZIP     Change   Addition   Addi
NAME WESSELHOEFT, H. J., GEN. 22 NAME
STREET ADDRESS 1611 4TH ST. S., STE. P 2.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP
TITLE VD DELETE 31 TITLE Change Additi
NAME BURKART, R. P., GENERAL 32 NAME
STREET ADDRESS 4713 49TH AVENUE N. 3.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 34. CITY-ST-ZIP
TITLE STD DELETE 4.1 TITLE Change Addition
NAME MAXON, TAMMY, COLONEL 4:2 NAME
STREET ADDRESS 2183 ALICIA DR., A 43 STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 4.4 CITY-ST-ZIP
TITLE D Change Additi
NAME SHAMS-AVARI, PETER K MAJ 52 NAME
STREET ADDRESS 108 HILLMAN 5.3 STREET ADDRESS
CTTY-ST-ZIP
NAME CUNNINGHAM, LOIS T. GEN. 62 NAME
STREET ADDRESS 10200 CORRALES RD NW 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP
CITY-ST-ZIP ALBUQUERQUE NM 64.CITY-ST-ZIP 64.CITY-ST-ZIP 14.   do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addyss.

SIGNATURE: HENRY JOHN WESSELHOEFT

(813) :4/15/97,823-1276