


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **728020** (9)

1. Corporation Name

ANointed of GOD PATHFINDERS OF ELIJAH, INCORPORATED

Principal Place of Business

Mailing Address

**1611 4TH ST SOUTH
ST. PETERSBURG FL 33701
US**

~~1611 4TH ST SOUTH
ST. PETERSBURG FL 33701
US~~
CHANGED

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 P.O. BOX I6723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33733-6723

30

PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESSELHOEFT HENRY JOHN STAFF GEN
1611 4TH ST SOUTH
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0506, Florida Statutes.

SIGNATURE **HENRY JOHN WESSELHOEFT: PRESIDENT** *Henry John Wesselhoeft* **4/24/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE

NAME **FARRELL, BOBBY, GENERAL**
STREET ADDRESS **1826 POPLAR LANE S.W.**
CITY-ST-ZIP **ALBUQUERQUE NM**

TITLE **P** ☐ DELETE

NAME **WESSELHOEFT, H. J., GEN.**
STREET ADDRESS **1611 4TH ST. S., STE. P**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ DELETE

NAME **BURKART, R. P., GENERAL**
STREET ADDRESS **4713 49TH AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **STD** ☐ DELETE

NAME **MAXON, TAMMY, COLONEL**
STREET ADDRESS **2163 ALICIA DR., A**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **SHAMS-AVARI, PETER K MAJ**
STREET ADDRESS **108 HILLMAN**
CITY-ST-ZIP **BELEN NM**

TITLE **D** ☐ DELETE

NAME **CUNNINGHAM, LOIS T. GEN.**
STREET ADDRESS **10200 CORRALES RD NW**
CITY-ST-ZIP **ALBUQUERQUE NM**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 address.

SIGNATURE: **HENRY JOHN WESSELHOEFT** *Henry John Wesselhoeft* **4/24/98** **823-1276** **(813)**

CR2E037 (10/97)