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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728020

1. Corporation Name

ANOINTED OF GOD PATHFINDERS OF ELIJAH, INCORPORATED

Principal Place of Business

1611 4TH ST SOUTH
 ST. PETERSBURG FL 33701
 US

Mailing Address

P.O. BOX 16723
 ST PETERSBURG FL 33733-6723
 US



21. Principal Place of Business SAME	2a. Mailing Address SAME	3. Date Incorporated or Qualified 11/14/1973
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 85-0353118
23. City & State	28. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24. Zip Country	29. Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 617.0503, Florida Statutes.

SIGNATURE

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, BOBBY, GENERAL	1.2 NAME	
STREET ADDRESS	1826 POPLAR LANE S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESSELHOEFT, H. J., GEN.	2.2 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKART, R. P., GENERAL	3.2 NAME	
STREET ADDRESS	4713 49TH AVENUE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXON, TAMMY, COLONEL	4.2 NAME	
STREET ADDRESS	2163 ALICIA DR., A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMS-AVARI, PETER K MAJ	5.2 NAME	
STREET ADDRESS	108 HILLMAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELEN NM	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, LOIS T. GEN.	6.2 NAME	
STREET ADDRESS	10200 CORRALES RD NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	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, with all other like empowered.

SIGNATURE: **HENRY JOHN WESSELHOEFT** *Henry John Wesselhoeft* (727)
 DATE: **5/24/99** DAYTIME PHONE: **823-1276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)