

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728020

1. Entity Name

ANOINTED OF GOD PATHFINDERS OF ELIJAH, INCORPORA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

85-0353118

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME FARRELL, BOBBY, GENERAL  
STREET ADDRESS 1826 POPLAR LANE S.W.  
CITY-ST-ZIP ALBUQUERQUE NM

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MAXON, TAMMY, COLONEL  
STREET ADDRESS 2163 ALICIA DR., A  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHAMS-AVARI, PETER K MAJ  
STREET ADDRESS 108 HILLMAN  
CITY-ST-ZIP BELEN NM

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CUNNINGHAM, LOIS T. GEN.  
STREET ADDRESS 10200 CORRALES RD NW  
CITY-ST-ZIP ALBUQUERQUE NM

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

REV. SIGNATURE: HENRY JOHN WESSELHOEFT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90132 020 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)