

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90045 031 ****70.00

DOCUMENT # 728020

1. Entity Name

ANointed of God Pathfinders of Eljah, INCORPORATED

Principal Place of Business

Mailing Address

1611 4TH ST SOUTH
 ST. PETERSBURG FL 33701
 US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

85-0353118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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 asterisk (*) indicating a change.

Rev. **HENRY JOHN WESSELHOEFT**

4/16/02 (727)823-1276

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)