

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90166 001 \*\*\*\*70.00



**DOCUMENT # 728020**  
 1. Entity Name  
**ANOINTED OF GOD PATHFINDERS OF ELIJAH, INCORPORATED**

Principal Place of Business      Mailing Address  
 1611 4TH ST SOUTH      P.O. BOX 16723  
 ST. PETERSBURG FL 33701      ST PETERSBURG FL 33733-6723  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**85-0353118**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

1st MOORE      CR2E037 (10/06)

**6. Name and Address of Current Registered Agent**  
**WESSELHOFT HENRY JOHN STAFF GEN**  
**1611 4TH ST SOUTH**  
**ST. PETERSBURG FL 33701**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	FARRELL, BOBBY, GENERAL	
STREET ADDRESS	1826 POPLAR LANE S.W.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	P	<input type="checkbox"/> Delete
NAME	WESSELHOFT, H. J., GEN.	
STREET ADDRESS	1611 4TH ST. S., STE. P	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKART, R. P., GENERAL	
STREET ADDRESS	4713 49TH AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAXON, TAMMY, COLONEL	
STREET ADDRESS	2163 ALICIA DR., A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>SHAMS AVARI, PETER K MAJ</del>	
STREET ADDRESS	<del>108 HILLMAN</del>	
CITY-ST-ZIP	<del>BELEN NM</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, LOIS T. GEN.	
STREET ADDRESS	10200 CORRALES RD NW	
CITY-ST-ZIP	ALBUQUERQUE NM	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**D. COOPER, RANDAL NEIL, MAJ**       Change     Addition  
**6985 SEMINOLE BLVD. LOT 7A.**  
**SEMINOLE, Fla. 33772**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trust 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 change, to the corporation or trust.

SIGNATURE: *Rev. Henry John Wesselhoff*      Date: **4/2/07**      Daytime Phone: **(727) 823-1276**