


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90400 013 \*\*\*\*61.25

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<b>DOCUMENT # F02000006199</b>	
<b>1. Entity Name</b>	
THE OFFICE OF ELDER, AND HIS SUCCESSORS, A CORPORATION SOLE FOR SEARCH MINISTRIES	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
255 MANOR DRIVE, UNIT 3 MERRITT ISLAND FL 32952	255 MANOR DRIVE, UNIT 3 MERRITT ISLAND FL 32952

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
340 Manor Dr Suite B City: Merritt Island FL 32952 Zip: 32952 Country: Presark	340 Manor Dr Suite B City: Merritt Island Zip: 32952 Country: Broward



MOORE CR2E037 (11/03)

<b>4. FEI Number</b>	<b>Applied For</b>
91-2171280	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
MCGEE, ROBERT S 255 MANOR DRIVE, UNIT 3 MERRITT ISLAND FL 32952	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>C</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCGEE, ROBERT S	<b>NAME</b>	
<b>STREET ADDRESS</b>	1325 SHADY LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MERRITT ISLAND FL 32952	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VC</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCGEE, MARILYN	<b>NAME</b>	
<b>STREET ADDRESS</b>	1325 SHADY LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MERRITT ISLAND FL 32952	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCGEE, MORGAN	<b>NAME</b>	
<b>STREET ADDRESS</b>	1325 SHADY LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MERRITT ISLAND FL 32952	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCGEE, FAITH	<b>NAME</b>	
<b>STREET ADDRESS</b>	1325 SHADY LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MERRITT ISLAND FL 32952	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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.

**SIGNATURE:**  **4-1-2004** **321 459 1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #