

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001279

FILED
Mar 26, 2009
Secretary of State

Entity Name: EL ELYON MINISTRIES, INC.

Current Principal Place of Business:

3768 NC HWY 58
WARRENTON, NC 27589

New Principal Place of Business:

Current Mailing Address:

PO BOX 16551
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 56-2250255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSTON, JOHNNY E
1802 FLOWER AVE
I-102
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STARGHILL, SHEILA
Address: 18205 WISCONSIN
City-St-Zip: DETROIT, MI 48221

Title: VC () Delete
Name: JONES, MARGARET
Address: 5649 AUTUM VALLEY DR.
City-St-Zip: MEMPHIS, TN 38135

Title: D () Delete
Name: BALL, TANINE
Address: 284 CARRIE DUNN RD.
City-St-Zip: NORLINA, NC 27563

Title: D () Delete
Name: SMALL, ERIC
Address: 3750 BETTY LOUISE DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Delete
Name: ALSTON, JOHNNY E
Address: 1802 FLOWER AVE I-102
City-St-Zip: PANAMA CITY, FL 32405

Title: VPT () Delete
Name: ALSTON, VICTORIA
Address: 1802 FLOWER AVE I-102
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY E. ALSTON

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date