

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001685

FILED
Apr 29, 2009
Secretary of State

Entity Name: E.L.M. INTERNATIONAL MINISTRIES AND REDEMPTION OUTREACH MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:

2640 CESERY BLVD
SUITE # 10
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

3211 ROGERO ROAD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3632984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRARY, ELISHA BISHOP
3211 ROGERO ROAD
JACKSONVILLE, FL 32277 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: PD () Delete
Name: MCCRARY, ELISHA L BISHOP
Address: 3211 ROGERO ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VSTD () Delete
Name: MCCRARY, MELISSA D PASTOR
Address: 3211 ROGERO ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SHANTRELL, HOPSON ADMIN.
Address: 5308 N. RIVER RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: ANTHONY, HOPSON
Address: 5308 N. RIVER RD
City-St-Zip: JACKSONVILLE, FL 32211

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
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: BISHOP ELISHA L. MCCRARY

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date