

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005094

1. Entity Name
THE EL SHADDAI EXPLOSION, INC.



Principal Place of Business

C/O PROPHETESS GLORIDA COLEMAN
4501 NW 26TH STREET
HOLLYWOOD, FL 33023

Mailing Address

C/O PROPHETESS GLORIDA COLEMAN
4501 NW 26TH STREET
HOLLYWOOD, FL 33023



01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1123563

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, GLORIDA PROPHET
4501 SW 26TH ST
HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, GLORIDA
STREET ADDRESS 4501 SW 26TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE D
NAME JONES, GERALD
STREET ADDRESS 5230 SW 24ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE TD
NAME GAINES, ROBIN
STREET ADDRESS 1760 NW 29 TERR
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE SD
NAME COLEMAN, THYSHALOM
STREET ADDRESS 4501 SW 26TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE T
NAME COLEMAN, THYSHALOM
STREET ADDRESS 4501 SW 26 ST
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000261260
03/14/05-80003-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

Daytime Phone #