

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90458 023 \*\*\*\*61.25

**DOCUMENT #** N02000000517

**1. Entity Name**  
ELIM MINISTRY INC.



55041449

**Principal Place of Business**  
1800 CENTRE POINTE BLVD #153  
TALLAHASSEE FL 32308

**Mailing Address**  
1800 CENTRE POINTE BLVD #153  
TALLAHASSEE FL 32308

**2. Principal Place of Business**  
1590 64th Drive South  
Suite, Apt. #, etc.

**3. Mailing Address**  
1590 64th Drive South  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
West Palm Beach, FL

**Zip**  
33415

**Country**  
U.S.A.

**4. FEI Number**  
75-2998715

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
GARLAND, WILLIAM  
1590 64TH DR SOUTH  
WEST PALM BEACH FL 33415

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

**FILE NOW: FEE IS \$61.25**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARLAND, WILLIAM 1590 64TH DR SOUTH WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tolson, Deborah 1081 Grandview Circle Royal Palm Beach 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARLAND, DONNA 1590 64TH DR SOUTH WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tolazetta Murphy 1590 64th Drive South West Palm Beach, FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tolson, Deborah 1081 Grandview Circle Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorcas Martin 2416 NE Clarissa St. Jensen Beach, FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Donna Garland **REQUIRE** Donna Garland 4/24/03 561969-6079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)