2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003577

1. Entity Name
ELOHIM CHRISTIAN UNIVERSITY CORP.

Principal Place of Business	Mailing Address
540 N.W. 4TH AVENUE SUITE #213 FORT LAUDERDALE, FL 33311	540 N.W. 4TH AVENUE SUITE #213 FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0469857

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWE, ARTHENIA S.M.
540 N.W. 4TH AVENUE
SUITE #213
FORT LAUDERDALE, FL 33311

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000145584
05/03/04-80032-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOYNER, MINNIE
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	JOYNER, MINNIE
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	GLOVER, CLEVELAND
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	SD
NAME	TURNER, PRISCILLA
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	LOWE, ARTHENIA
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	BROWN, GERTRUDE
STREET ADDRESS	POST OFFICE BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083

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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: [signature] Lewe-Joyner 4-28-04 954-763-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #