

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003577

FILED
Apr 17, 2005
Secretary of State

Entity Name: ELOHIM CHRISTIAN UNIVERSITY CORP.

Current Principal Place of Business:

540 N.W. 4TH AVENUE
SUITE #213
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

540 N.W. 4TH AVENUE
SUITE #213
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 03-0469857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, ARTHENIA S.M.
540 N.W. 4TH AVENUE
SUITE #213
FORT LAUDERDALE, FL 33311 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: JOYNER, MINNIE
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D () Delete
Name: JOYNER, MINNIE
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D () Delete
Name: GLOVER, CLEVELAND
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: SD () Delete
Name: TURNER, PRISCILLA
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D () Delete
Name: LOWE, ARTHENIA
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

Title: D () Delete
Name: BROWN, GERTRUDE
Address: POST OFFICE BOX 4874
City-St-Zip: HOLLYWOOD, FL 33083

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:

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 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 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: MINNIE JOYNER

PD

04/17/2005

Electronic Signature of Signing Officer or Director

Date