

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006289

1. Entity Name

EL SHADDAI OUTREACH MINISTRIES, INC.



Principal Place of Business

2811 SOUTHAMPTON DR
MIDDLEBURG FL 32063

Mailing Address

2811 SOUTHAMPTON DR
MIDDLEBURG FL 32063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

46-0493194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, AGNES H
2811 SOUTHAMPTON DR
MIDDLEBURG FL 32063

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
Due By May 1, 2005

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

DP

GORDON, AGNES H

2811 SOUTHAMPTON DR

MIDDLEBURG FL 32063

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DS

MOODY, SANDRA L

12220 MAYORS DR

JACKSONVILLE FL 32233

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DT

STRAITIFF, ELAINE M

8593 FLORENCE COVE RD

ST AUGUSTINE FL 32092

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

GOBLER, JUANITA A

2302 CHARTLEY LN N

JACKSONVILLE FL 32224

☐ Delete

TITLE

NAME

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CITY- ST- ZIP

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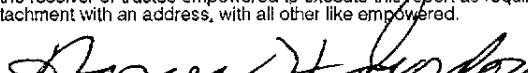
NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ 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: 


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 14, 2005 08:00 AM

Secretary of State



1st MOORE

CR2E037 (10/04)