

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90096 007 \*\*\*\*61.25

**DOCUMENT # N02000007082**

1. Entity Name  
**EL SHADDAI MINISTRIES & MISSION CENTER CORP.**



Principal Place of Business  
**255 EAST FLAGLER STREET  
SUITE 79  
MIAMI, FL 33131**

Mailing Address  
**255 EAST FLAGLER STREET  
SUITE 79  
MIAMI, FL 33131**

40031870



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**54-2075058**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PETIT FRITZ, HEDCLEA  
255 EAST FLAGLER STREET  
SUITE 79  
MIAMI, FL 33131**

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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 *Deanna Fritz*

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

(NOTE: Registered Agent signature required when reinstating)

03/04/06

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PETIT FRITZ, HEDCLEA  
STREET ADDRESS 255 EAST FLAGLER STREET  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD  
NAME PETIT SEABRA, EDMAR  
STREET ADDRESS 255 EAST FLAGLER STREET  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D  
NAME DE ALMEIDA, MARCIA  
STREET ADDRESS 255 EAST FLAGLER STREET  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D  
NAME FRITZ, RCB  
STREET ADDRESS 255 E FLAGLER ST., STE 79  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Deanna Fritz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/06

Date

Daytime Phone #