

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008006

FILED
Sep 13, 2009
Secretary of State

Entity Name: ELIJAH NETWORK FAMILY AND COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

22400 OLD DIXIE
2D
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

22400 OLD DIXIE
2D
MIAMI, FL 33170

New Mailing Address:

FEI Number: 37-1445612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WITTE, KATHLEEN T
26420 SW 173 CT.
HOMESTEAD, FL 33031 US

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: PRES () Delete
Name: GARCIA, MARIO
Address: ER GRAHAM BLDG 350 NW 12 AVE
City-St-Zip: MIAMI, FL 33136

Title: SEC () Delete
Name: SPRINGSTUN, JOCYLYN
Address: 22400 OLD DIXIE
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: SAWYER, RICK
Address: 5020 SW 147 PLACE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: MCMILLAN, ALTHEA
Address: 18151 SW 98 COURT
City-St-Zip: MIAMI, FL 33157

Title: ED () Delete
Name: WITTE, KATHLEEN
Address: 26420 SW 173 CT.
City-St-Zip: HOMESTEAD, FL 33031

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN WITTE

ED

09/13/2009

Electronic Signature of Signing Officer or Director

Date