

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010451

FILED
Apr 28, 2009
Secretary of State

Entity Name: ELIJAH'S FATHERING MINISTRY, INC.

Current Principal Place of Business:

2185 NW 20TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

9319 GARDEN OVERLOOK LANE
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 54-2138059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, CLESTER E
2185 NW 20TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MATTHEWS, CLESTER E
9319 GARDEN OVERLOOK LN
JACKSONVILLE, FL 32219 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: DOROTHY MATTHEWS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTHEWS, CLESTER
Address: 2185 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SDV () Delete
Name: MATTHEWS, DOROTHY
Address: 22185 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: BROWN, JOYCE
Address: 1681 E BAY ST
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTHEWS, CLESTER
Address: 9319 GARDEN OVERLOOK LN
City-St-Zip: JACKSONVILLE, FL 32219

Title: SDV (X) Change () Addition
Name: MATTHEWS, DOROTHY
Address: 9319 GARDEN OVERLOOK LN
City-St-Zip: JACKSONVILLE, FL 32219

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: DOROTHY MATTHEWS

SDV

04/28/2009

Electronic Signature of Signing Officer or Director

Date