# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2005**
**Secretary of State**

DOCUMENT# N04000011678

**Entity Name:** ELIM EVANGELICAL FELLOWSHIP, INC.

**Current Principal Place of Business:**

5133 CONKLIN DR
DELRAY BCH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5133 CONKLIN DR
DELRAY BCH, FL 33484

**New Mailing Address:**

**FEI Number: 33-1110783** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAINT-JUSTE, RAYNALD
5133 CONKLIN DR
DELRAY BCH, FL 33484 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: | SAINT-JUSTE, RAYNALD | |
| Address: | 5133 CONKLIN DR | |
| City-St-Zip: | DELRAY BCH, FL 33484 | |
| Title: | T | ( ) Delete |
| Name: | THEODORE, PAUL | |
| Address: | 1106 15TH AVE | |
| City-St-Zip: | LAKE WORTH, FL 33460 | |
| Title: | S | ( ) Delete |
| Name: | SAINT-JUSTE, THERESE V | |
| Address: | 5133 CONKLIN DR | |
| City-St-Zip: | DELRAY BCH, FL 33484 | |
| Title: | C | ( ) Delete |
| Name: | CHERY, ROSE A | |
| Address: | 4535 PALMRIDG BLVD | |
| City-St-Zip: | DELRAY BCH, FL 33445 | |
| Title: | C | ( ) Delete |
| Name: | EDDY, ELIACIN | |
| Address: | 210 ROSS DR | |
| City-St-Zip: | DELRAY BCH, FL 33445 | |

**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 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: RAYNALD SAINT-JUSTE PD 02/04/2005

Electronic Signature of Signing Officer or Director — Date