

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002585

FILED  
May 01, 2006  
Secretary of State

Entity Name: ELIJAH RENEWAL MINISTRIES INC.

**Current Principal Place of Business:**

8220 PENZANCE BLVD.  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

8220 PENZANCE BLVD.  
FT. MYERS, FL 33912

**New Mailing Address:**

FEI Number: 37-1506796      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:**

KONCAR, BETH  
8220 PENZANCE BLVD.  
FT. MYERS, FL 33912      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: D      ( ) Delete  
Name: KONCAR, BETH  
Address: 8220 PENZANCE BLVD.  
City-St-Zip: FT. MYERS, FL 33912

Title: D      ( ) Delete  
Name: OWENS, WILMA  
Address: 6265 MARK LANE  
City-St-Zip: FT. MYERS, FL 33912

Title: D      ( ) Delete  
Name: SHRIDER, SHARRENE  
Address: 789 IRIS DR.  
City-St-Zip: N. FT. MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D      (X) Change ( ) Addition  
Name: KONCAR, BETH  
Address: 8220 PENZANCE BLVD.  
City-St-Zip: FT. MYERS, FL 33912

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 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: BETH KONCAR

D

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date