

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002598

1. Entity Name
ELITE MILLIONAIRES MINISTRY INC.



Principal Place of Business
P. O. BOX 1415
WINDERMERE, FL 34786

Mailing Address
P. O. BOX 1415
WINDERMERE, FL 34786

FILED

06 OCT 17 PM 12:42

CLERK OF STATE
TALLAHASSEE, FLORIDA



09152006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business
8825 Latrec Ave.
Suite 107
Orlando, FL 32819

3. Mailing Address
P.O. Box 1418
Suite, Apt. #, etc.
Windermere, FL 34786

4. FEI Number
14-1917470
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, NICHOLE H
8825 LATREC AVE.
#107
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, NICHOLE H	
STREET ADDRESS	P. O. BOX 1415	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANKERSON, ZANDREA L	
STREET ADDRESS	P. O. BOX 941	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300081205003	
CITY-ST-ZIP	10/25/06--01059--008 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nichole H. Johnson 9/15/2006 (407) 590-1645

Daytime Phone #