

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 042 ****61.25

DOCUMENT # N05000006652 1. Entity Name ELOHIYM MINISTRIES FAMILY WORSHIP CENTER, INC.			
Principal Place of Business 19135 U.S. HWY 19 N, APT. #D-5 CLEARWATER, FL 33764		Mailing Address 19135 U.S. HWY 19 N, APT. #D-5 CLEARWATER, FL 33764	
2. Principal Place of Business 19135 US Hwy 19 N Suite, Apt. #, etc. #D5 City & State Clearwater, FL Zip 33764 Country Pinella		3. Mailing Address 19135 US Hwy 19 N Suite, Apt. #, etc. #D5 City & State Clearwater, FL Zip 33764 Country Pinella	
4. FEI Number 20-425-7833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, MICHAEL 19135 U.S. HWY 19 N, APT. #D-5 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Bennett, Michael Street Address (P.O. Box Number is Not Acceptable) 19135 US Hwy 19 N #D5 City Clearwater FL Zip Code 33764	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, MICHAEL 19135 U.S. HWY 19 N, APT. #D-5 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, THERESA 19135 U.S. HWY 19 N, APT. #D-5 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, LALA 518 3RD AVE. S. - #305 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael Bennett		Michael Bennett	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 5-1-06 <small>Daytime Phone #</small> 727-538-0900	