

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004820

FILED
May 20, 2009
Secretary of State

Entity Name: EL SHADDAI BIBLE MINISTRIES INC.

Current Principal Place of Business:

4379 MICHALER ST
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

4379 MICHALER ST
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 01-0909224 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:

Name and Address of New Registered Agent:

FELIX, OSWALD T
4379 MICHALER ST
NORTH PORT, FL 34286 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELIX, OSWALD T
Address: 4379 MICHALER ST
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: FELIX, CHARMAINE
Address: 4379 MICHALER ST
City-St-Zip: NORTH PORT, FL 34286

Title: SEC. () Delete
Name: FELIX, WENDY
Address: 5306 SULVANIA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: TRES () Delete
Name: FELIX, ARIENA
Address: 5306 SULVANIA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: TRUS () Delete
Name: STANSCLAUSE, FLAVIA
Address: 4348 MICHALER ST
City-St-Zip: NORTH PORT, FL 34286

Title: TRUS () Delete
Name: THOMAS, UNA
Address: 4379 MICHALER ST
City-St-Zip: NORTH PORT, FL 34286

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:

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: OSWALD T. FELIX

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date