2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N08000000336

Entity Name: ELIM DEVOTIONAL EVANGELICAL CHURCH, INC.

Current Principal Place of Business:

1195 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

4645 GUN CLUB ROAD
STE 11
WEST PALM BEACH, FL 33415

Current Mailing Address:

1195 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Mailing Address:

4645 GUN CLUB ROAD
STE 11
WEST PALM BEACH, FL 33415

FEI Number: **FEI Number Applied For (X)** **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:

SAINT-JUSTE, RAYNALD DR.
5133 CONKLIN DR
DELRAY BEACH, 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 DR.	
Address:	5133 CONKLIN DR.	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	PD	( ) Delete
Name:	JOSEPH, ACNERD REV.	
Address:	400 GALE PLACE	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	CD	( ) Delete
Name:	HENRY, GUYDLORE	
Address:	5407 CLUB DIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	SD	( ) Delete
Name:	AVINEL, PIERRE JUDES	
Address:	4873 PINE CONE LANE	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	TD	( ) Delete
Name:	MOGENE, ATILOR	
Address:	4872 CARIBBEAN BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	CD	( ) Delete
Name:	BENJAMIN, LONA	
Address:	2024 EAGLE DR. WEST	
City-St-Zip:	PALM BEACH, FL 33409	

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: RAYNALD SAINT-JUSTE DR 08/24/2009
Electronic Signature of Signing Officer or Director — Date