

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36386

FILED
May 01, 2009
Secretary of State

Entity Name: EL SHADDAI PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

2620 SW 8TH ST
FT LAUDERDALE, FL 33312

New Principal Place of Business:

8173 NORTH UNIVERSITY DR
APT 70
TAMARAC, FL 33321

Current Mailing Address:

2620 SW 8TH ST
FT LAUDERDALE, FL 33312

New Mailing Address:

8173 N. UNIVERSITY DR
APT 70
TAMARAC, FL 33321

FEI Number: 65-0173155 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:

GORDON, SHARON
2620 SW 8TH ST
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

GORDON, SHARON
8173 NORTH UNIVERSITY DR
APT 70
TAMARAC, FL 33321 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: SHARON GORDON

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GORDON, SHARON
Address: 2620 S.W. 8TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DV () Delete
Name: MILLER, CHRISTOPHER PAUL
Address: 2620 S.W 8TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: EDINBOROUGH, BERNARD
Address: 2880 OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GORDON, SHARON
Address: 8173 N. UNIVERSITY DR APT 70
City-St-Zip: TAMARAC, FL 33321D

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: HAYES, LORAMA
Address: 232 N.W 60TH AVE
City-St-Zip: MARGATE, FL 33321

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: SHARON GORDON

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date