

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48784**

(5)

1. Corporation Name

SON-GLOW MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

**8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256**

**8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1992

3a. Date of Last Report

05/19/1994

4. FEI Number

59-3123117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAIN, E. NELL
8726 BELLE RIVE BLVD.
JACKSONVILLE FL 32256**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Agent or Secretary must sign. Registered agent and officer signatures)

(If the Registered Agent is not the registered agent, then the officer must sign)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CAIN, JOHN W.
STREET ADDRESS	8726 BELLE RIVE BLVD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	CAIN, E. NELL
STREET ADDRESS	8726 BELLE RIVE BLVD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	WALDING, JOSEPH A.
STREET ADDRESS	1092 OVINGTON ROAD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	CREECY, JAMES V.
STREET ADDRESS	1632 MARION COURT
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. John W. Cain** (Rev. John W. CAIN)

5-16-95 (1904/64/8390)

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FEB 10 1996

5 MAY 10 1995 15

RECEIVED
FEB 10 1996

DOCUMENT # **N49025** (2)

1. Corporation Name

EL ELYON MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 6482
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 6482
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0363668** Applied For ☐
Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. P. O. Box 936464

Suite, Apt. #, etc.

22. City & State

23. Margate, FL.

Zip

24. 33093

Country

25. Broward

2a. Mailing Address

26. P. O. Box 936464

Suite, Apt. #, etc.

27. City & State

28. Margate, FL.

Zip

29. 33093

Country

30. Broward

9. Name and Address of Current Registered Agent

COFFEY, MILDRED
919 HILLCREST DR
APT 504
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

6505 Winfield Blvd. #17-B

83. City

84. State

85. Zip Code

86. City

87. State

88. Zip Code

89. City

90. State

91. Zip Code

92. City

93. State

94. Zip Code

95. City

96. State

97. Zip Code

98. City

99. State

100. Zip Code

101. City

102. State

103. Zip Code

104. City

105. State

106. Zip Code

107. City

108. State

109. Zip Code

110. City

111. State

112. Zip Code

113. City

114. State

115. Zip Code

116. City

117. State

118. Zip Code

119. City

120. State

121. Zip Code

122. City

123. State

124. Zip Code

125. City

126. State

127. Zip Code

128. City

129. State

130. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, chairman and the appointment as registered agent. I am together with and accept the obligation of tax liability under Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO THE ABOVE INFORMATION

12.1 NAME	PTDC	13.1 NAME	☒ Change ☐ Addition
12.2 STREET ADDRESS	COFFEY, MILDRED	13.2 STREET ADDRESS	
12.3 CITY & STATE	919 HILLCREST DR. #504	13.3 CITY & STATE	6505 Winfield Blvd., #17-B
12.4 ZIP	HOLLYWOOD FL 33021	13.4 ZIP	Margate, FL. 33093
12.5 NAME	VSD	13.5 NAME	☒ Change ☐ Addition
12.6 STREET ADDRESS	DAVIS, JO ANN	13.6 STREET ADDRESS	
12.7 CITY & STATE	2316 MAYO STREET	13.7 CITY & STATE	P. O. Box 936464 "N/A"
12.8 ZIP	HOLLYWOOD FL 33020	13.8 ZIP	Margate, FL. 33093
12.9 NAME	D	13.9 NAME	☐ Change ☐ Addition
12.10 STREET ADDRESS	RISI, RICHARD	13.10 STREET ADDRESS	
12.11 CITY & STATE	3301 NO. 72ND AV.	13.11 CITY & STATE	
12.12 ZIP	HOLLYWOOD FL 33024	13.12 ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY & STATE		13.15 CITY & STATE	
12.16 ZIP		13.16 ZIP	
12.17 NAME		13.17 NAME	☐ Change ☐ Addition
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY & STATE		13.19 CITY & STATE	
12.20 ZIP		13.20 ZIP	
12.21 NAME		13.21 NAME	☐ Change ☐ Addition
12.22 STREET ADDRESS		13.22 STREET ADDRESS	
12.23 CITY & STATE		13.23 CITY & STATE	
12.24 ZIP		13.24 ZIP	
12.25 NAME		13.25 NAME	☐ Change ☐ Addition
12.26 STREET ADDRESS		13.26 STREET ADDRESS	
12.27 CITY & STATE		13.27 CITY & STATE	
12.28 ZIP		13.28 ZIP	
12.29 NAME		13.29 NAME	☐ Change ☐ Addition
12.30 STREET ADDRESS		13.30 STREET ADDRESS	
12.31 CITY & STATE		13.31 CITY & STATE	
12.32 ZIP		13.32 ZIP	
12.33 NAME		13.33 NAME	☐ Change ☐ Addition
12.34 STREET ADDRESS		13.34 STREET ADDRESS	
12.35 CITY & STATE		13.35 CITY & STATE	
12.36 ZIP		13.36 ZIP	
12.37 NAME		13.37 NAME	☐ Change ☐ Addition
12.38 STREET ADDRESS		13.38 STREET ADDRESS	
12.39 CITY & STATE		13.39 CITY & STATE	
12.40 ZIP		13.40 ZIP	
12.41 NAME		13.41 NAME	☐ Change ☐ Addition
12.42 STREET ADDRESS		13.42 STREET ADDRESS	
12.43 CITY & STATE		13.43 CITY & STATE	
12.44 ZIP		13.44 ZIP	
12.45 NAME		13.45 NAME	☐ Change ☐ Addition
12.46 STREET ADDRESS		13.46 STREET ADDRESS	
12.47 CITY & STATE		13.47 CITY & STATE	
12.48 ZIP		13.48 ZIP	
12.49 NAME		13.49 NAME	☐ Change ☐ Addition
12.50 STREET ADDRESS		13.50 STREET ADDRESS	
12.51 CITY & STATE		13.51 CITY & STATE	
12.52 ZIP		13.52 ZIP	
12.53 NAME		13.53 NAME	☐ Change ☐ Addition
12.54 STREET ADDRESS		13.54 STREET ADDRESS	
12.55 CITY & STATE		13.55 CITY & STATE	
12.56 ZIP		13.56 ZIP	
12.57 NAME		13.57 NAME	☐ Change ☐ Addition
12.58 STREET ADDRESS		13.58 STREET ADDRESS	
12.59 CITY & STATE		13.59 CITY & STATE	
12.60 ZIP		13.60 ZIP	
12.61 NAME		13.61 NAME	☐ Change ☐ Addition
12.62 STREET ADDRESS		13.62 STREET ADDRESS	
12.63 CITY & STATE		13.63 CITY & STATE	
12.64 ZIP		13.64 ZIP	
12.65 NAME		13.65 NAME	☐ Change ☐ Addition
12.66 STREET ADDRESS		13.66 STREET ADDRESS	
12.67 CITY & STATE		13.67 CITY & STATE	
12.68 ZIP		13.68 ZIP	
12.69 NAME		13.69 NAME	☐ Change ☐ Addition
12.70 STREET ADDRESS		13.70 STREET ADDRESS	
12.71 CITY & STATE		13.71 CITY & STATE	
12.72 ZIP		13.72 ZIP	
12.73 NAME		13.73 NAME	☐ Change ☐ Addition
12.74 STREET ADDRESS		13.74 STREET ADDRESS	
12.75 CITY & STATE		13.75 CITY & STATE	
12.76 ZIP		13.76 ZIP	
12.77 NAME		13.77 NAME	☐ Change ☐ Addition
12.78 STREET ADDRESS		13.78 STREET ADDRESS	
12.79 CITY & STATE		13.79 CITY & STATE	
12.80 ZIP		13.80 ZIP	
12.81 NAME		13.81 NAME	☐ Change ☐ Addition
12.82 STREET ADDRESS		13.82 STREET ADDRESS	
12.83 CITY & STATE		13.83 CITY & STATE	
12.84 ZIP		13.84 ZIP	
12.85 NAME		13.85 NAME	☐ Change ☐ Addition
12.86 STREET ADDRESS		13.86 STREET ADDRESS	
12.87 CITY & STATE		13.87 CITY & STATE	
12.88 ZIP		13.88 ZIP	
12.89 NAME		13.89 NAME	☐ Change ☐ Addition
12.90 STREET ADDRESS		13.90 STREET ADDRESS	
12.91 CITY & STATE		13.91 CITY & STATE	
12.92 ZIP		13.92 ZIP	
12.93 NAME		13.93 NAME	☐ Change ☐ Addition
12.94 STREET ADDRESS		13.94 STREET ADDRESS	
12.95 CITY & STATE		13.95 CITY & STATE	
12.96 ZIP		13.96 ZIP	
12.97 NAME		13.97 NAME	☐ Change ☐ Addition
12.98 STREET ADDRESS		13.98 STREET ADDRESS	
12.99 CITY & STATE		13.99 CITY & STATE	
12.100 ZIP		14.00 ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.04(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the incorporator or initial incorporator to provide this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE:

Jo Ann Davis

Jo Ann Davis, VSD

04/29/95 (305)975-4758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR