FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 12 AM 10:15
SECRETARY OF STATE FLORIDA

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. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21 | Suite, Apt. #, etc — 22 | City & State — 23 | Zip — 24 | Country — 25
2a. Mailing Address — 26 | Suite, Apt. #, etc — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0202 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 _____ DATE
(Appointed registered agent) (Registered agent's printed name) (NOTE: Registered Agent's signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CAIN, JOHN W.	12 NAME	
STREET ADDRESS	8726 BELLE RIVE BLVD.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CAIN, E. NELL	22 NAME	
STREET ADDRESS	8726 BELLE RIVE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WALDING, JOSEPH A.	32 NAME	
STREET ADDRESS	1092 OVINGTON ROAD	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CREECY, JAMES V.	42 NAME	
STREET ADDRESS	1632 MARION COURT	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(3)(i), 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; 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 (904)641-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028887

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N49025 (2)

1. Corporation Name

EL ELYON MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6482 HOLLYWOOD FL 33021	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 [X]	$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 [X]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 936464	26 P. O. Box 936464
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Margate, FL.	City & State 28 Margate, FL.
Zip 24 33093 / County 25 Broward	Zip 29 33093 / Country 30 Broward

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COFFEY, MILDRED 919 HILLCREST DR APT 504 HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6505 Winfield Blvd. #17-B 83 84 City Margate, FL 85 Zip Code 33093

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTDC	TITLE	[X] Change [ ] Addition
NAME	COFFEY, MILDRED	NAME	
STREET ADDRESS	919 HILLLCREST DR. #504	STREET ADDRESS	6505 Winfield Blvd., #17-B
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	Margate, FL. 33093
TITLE	VSD	TITLE	[X] Change [ ] Addition
NAME	DAVIS, JO ANN	NAME	
STREET ADDRESS	2316 MAYO STREET	STREET ADDRESS	P. O. Box 936464 "N/A"
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	Margate, FL. 33093
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	RISI, RICHARD	NAME	
STREET ADDRESS	3301 NO. 72ND AV.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(3)(k), 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; 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: *Jo Ann Davis* Jo Ann Davis, VSD 04/29/95 (305)975-4758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0038101