

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49025** (2)

1. Corporation Name

EL ELYON MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

P O BOX 936464
MARGATE FL 33093
US

P O BOX 936464
MARGATE FL 33093
US

3. Date Incorporated or Qualified
05/20/1992

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **3780 Preakness Place**

26 **3780 Preakness Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt. #1910**

27 **Apt. #1910**

City & State

City & State

23 **Palm Harbor, FL**

28 **Palm Harbor, FL**

Zip

Country

Zip

Country

24 **34684**

25 **USA**

29 **34684**

30 **USA**

4. FEI Number

65-0363668

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COFFEY, MILDRED
6505 WINFIELD BLVD
APT 17-B
MARGATE FL 33093**

81 Name

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

83 **3780 Preakness Place, #1910**

84 City

Palm Harbor

FL

85 Zip Code

34684

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTDC** ☐ DELETE
NAME **COFFEY, MILDRED**
STREET ADDRESS **6505 WINFIELD BLVD 17-B**
CITY-ST-ZIP **MARGATE FL**

TITLE **VSD** ☐ DELETE
NAME **DAVIS, JO ANN**
STREET ADDRESS **P O BOX 936464**
CITY-ST-ZIP **MARGATE FL**

TITLE **D** ☐ DELETE
NAME **RISI, RICHARD**
STREET ADDRESS **3301 NO. 72ND AV.**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3780 Preakness Place, #1910

Palm Harbor FL 34684 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3780 Preakness Pl., #1910

Palm Harbor, FL. 34684 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 VP/S/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/96

(813) 781-1107

Date

Daytime Phone #

CR2E037 (12/95)