

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49025

1. Entity Name

EL ELYON MINISTRIES INTERNATIONAL, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90056 039 ****70.00

Principal Place of Business

3780 PREAKNESS PLACE
APT. #1910
PALM HARBOR FL 34684
US

Mailing Address

POB 6073
PALM HARBOR FL 34684-0673
US

2. Principal Place of Business

1882 Pine Ridge Way, West

Suite, Apt. #, etc.
Apt. D-1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Zip

34684

Country
Pinellas

Country

4. FEI Number

65-0363668

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFEY, MILDRED
3780 PREAKNESS PLACE, #1910
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
DR. MILDRED COFFEY, Th.D.
Street Address (P.O. Box Number is Not Acceptable)
1882 Pine Ridge Way, West; Apt. D-1
Palm Harbor 34684
City FL Zip Code

8. 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 Dr. Mildred Coffey 04/18/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Dr. MILDRED COFFEY, Th.D.

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PTDC ☐ Delete
NAME COFFEY, MILDRED
STREET ADDRESS 3780 PREAKNESS PLACE, APT. #1910
CITY-ST-ZIP PALM HARBOR FL

TITLE VSD ☐ Delete
NAME DAVIS, JO ANN
STREET ADDRESS 3780 PREAKNESS PLACE, #1910
CITY-ST-ZIP PALM HARBOR 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTDC ☒ Change ☐ Addition
NAME DR. MILDRED COFFEY, Th.D.
STREET ADDRESS 1882 Pine Ridge Way, West; Apt. D-1
CITY-ST-ZIP Palm Harbor, FL. 34684

TITLE VSD ☒ Change ☐ Addition
NAME JO ANN DAVIS
STREET ADDRESS 1882 Pine Ridge Way, West; Apt. D-1
CITY-ST-ZIP Palm Harbor, FL. 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00 (727) 781-1107

Date

Daytime Phone #

CR2E037 (9/99)