SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 14 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000037 (2)

1. Corporation Name

ELOHIM CRUSADE MINISTRIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2150 SOUTH AVE BUILDING J. SUITE 3 CENTER HILL FL 33514 US	PO BOX 269 BUILDING J. SUITE 3 CANDLER FL 32111 US

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0381386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 12279 S.U.S. Hwy 441 Suite S	2a. Mailing Address 26: P.O. Box 269
Suite, Apt. #, etc. 22: Suite S	Suite, Apt. #, etc. 27:
City & State 23: Belleview FL	City & State 28: Candler FL
Zip 24: 34420 Country 25:	Zip 29: 32111 Country 30: Marion

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 ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, LINDA DAVIES
33 DOGWOOD DRIVE CIRCLE
SILVER SPRINGS SHORES
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: DR. Linda Davis Williams
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 533 Clear Rd
84 City: Ocala FL — FL — 85 Zip Code: 34472

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: DR. Linda D Williams, Pastor — 6.8.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MAP	11 TITLE	Assistant Pastor	☐ Change ☐ Addition
NAME	BROWN, MANINE Y	12 NAME	Maxine Y. Brown	
STREET ADDRESS	33 DOGWOOD DRIVE CIRCLE	13 STREET ADDRESS	33 Dogwood Drive Circle D	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala FL 34472	
TITLE	D	21 TITLE	Missionary	☑ Change ☐ Addition
NAME	WILSON, COY	22 NAME	Maelean Little D	
STREET ADDRESS	704 W SILVER SPRINGS PL	23 STREET ADDRESS	2013 Hollywood Drive	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Leesburg FL	
TITLE	AP	31 TITLE	Co-Pastor	☐ Change ☐ Addition
NAME	LITTLE, JAMES M	32 NAME	James M. Little D	
STREET ADDRESS	2013 HOLLYWOOD DRIVE	33 STREET ADDRESS	2013 Hollywood Drive	
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP	Leesburg FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	$7.1/10	☐ 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		

CR2E037 (3/95)

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: MAXINE Y. BROWN — 6.8.95 — 687-8557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017004