

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 # N930000000037 (2)

1. Corporation Name

ELOHIM CRUSADE MINISTRIES INC.



Principal Place of Business

Mailing Address

12279 S. U.S. HWY 441
SUITE 5
BELLEVUE FL 34420
US

PO BOX 269
CANDLER FL 32111
US

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **12/21 S US Hwy 441**

26 **P.O. Box 548**

4. FEI Number

65-0381386

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

23 **Bellevue, FL**

28 **Candler FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

34420

25 Country

Marion

29 Zip

32111-0548

Country

Marion

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

**WILLIAMS, LINDA D DR
533 CLEAR RD
OCALA FL 34472**

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 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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DAP BROWN, MAXINE Y**
STREET ADDRESS **33 DOGWOOD DRIVE CIRCLE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ DELETE

NAME **MD LITTLE, MAELEON**
STREET ADDRESS **2013 HOLLYWOOD DRIVE**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **CPD LITTLE, JAMES M**
STREET ADDRESS **2013 HOLLYWOOD DRIVE**
CITY-ST-ZIP **LEESBURG FL**

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 **M. Yvonne Brown**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **maeleon Little**

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(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: **M. Yvonne Brown - Assistant**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 1996
Date

Daytime Phone

CR2E037 (12/95)