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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N93000000037 (2)**

1. Corporation Name
ELOHIM CRUSADE MINISTRIES INC.

Principal Place of Business	Mailing Address
1020 EAST MAIN STERET LEESBURG FL 34748 US	P.O. BOX 548 CANDLER FL 32111-0528 US

3. Date Incorporated or Qualified: 01/06/1993

4. FEI Number: 65-0381386 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, LINDA D DR
8096 JUNIPER ROAD
OCALA FL 34480

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, M Y		1.2 NAME	
STREET ADDRESS	33 DOGWOOD DRIVE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, MAELEAN		2.2 NAME	
STREET ADDRESS	2013 HOLLYWOOD DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, JAMES M		3.2 NAME	
STREET ADDRESS	2013 HOLLYWOOD DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 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 YVONNE BROWN 4.28.98 323-4916
EXECUTIVE AND TITLE OR PRINTED NAME OF NEW OFFICER OR DIRECTOR — Date — Daytime Phone #