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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N93000000037

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

2. Principal Place of Business	2a. Mailing Address: P.O. Box 3388	3. Date Incorporated or Qualified: 01/06/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0381386 — Applied For / Not Applicable
City & State	City & State: Belleview, FL	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country	Zip: 34421 Country: Marion	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
WILLIAMS, LINDA D DR
8098 JUNIPER ROAD
OCALA FL 34480

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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	Assistant Pastor ☑ Change ☐ Addition
NAME	BROWN, M Y	1.2 NAME	Maxine Brown
STREET ADDRESS	33 DOGWOOD DRIVE CIRCLE	1.3 STREET ADDRESS	8098 Juniper Road — D
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34480
TITLE	MD ☑ DELETE	2.1 TITLE	Little, MaeLeane ✓ Change ☐ Addition — Missionary
NAME	LITTLE, MAELEAN	2.2 NAME	908 Lillie St.
STREET ADDRESS	2013 HOLLYWOOD DRIVE	2.3 STREET ADDRESS	Leesburg, FL 34748 — T
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	CPD ☑ DELETE	3.1 TITLE	Ruling Elder
NAME	LITTLE, JAMES M	3.2 NAME	James Little — T
STREET ADDRESS	2013 HOLLYWOOD DRIVE	3.3 STREET ADDRESS	908 Lillie St
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	☐ DELETE	4.1 TITLE	Youth Pastor ☐ Change ☑ Addition
NAME		4.2 NAME	Corey J. Williams — T
STREET ADDRESS		4.3 STREET ADDRESS	8098 Juniper Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala FL 34480
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	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Maxine Y. Brown — 3/21/99 — 732-7608 / 323-4940
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

Maxine Y. Brown - D
Maeleane Little - T
James Little - T
Corry J. Williams - T