

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
(AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 OCT 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003136

1. Corporation Name

ELSHADDAI WORD Ministry INC.

Principal Place of Business

8275 Apple Orchard
SPRINGS HILL, FL
34606

Mailing Address

P.O. BOX 13496
ST. PETERSBURG, FL
33733

3. Date Incorporated or Qualified

6-28-95

3a. Date of Last Report

N/A

2. Principal Place of Business

21. 8275 Apple Orchard

2a. Mailing Address

26. P.O. BOX 13496

4. FEI Number

59-3371165

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23. Springs Hill FL

City & State

28. ST. PETERSBURG FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24. 34606

Country

25. USA

Zip

29. 33733

Country

30. USA

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

Roy Lee Paul
8275 Apple Orchard
Springs Hill FL 34606

Mailing Address:
P.O. BOX 13496
ST. PETERSBURG FL
33733

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

500001990935--2

84. City

10/30/96 01096-008
*****61.25

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 1. President ☐ DELETE

NAME Roy Lee Paul (P)

STREET ADDRESS 8275 Apple Orchard

CITY-ST-ZIP Springs Hill FL 34606

TITLE 2. Vice President ☒ DELETE

NAME Roy Lee Paul Jr

STREET ADDRESS 8275 Apple Orchard

CITY-ST-ZIP Springs Hill FL 34606

TITLE 3. Treasurer ☐ DELETE

NAME Vickie E. Paul

STREET ADDRESS 8275 Apple Orchard

CITY-ST-ZIP Springs Hill FL 34606

TITLE 4. Secretary ☒ DELETE

NAME Vickie E. Paul

STREET ADDRESS 8275 Apple Orchard

CITY-ST-ZIP Springs Hill FL 34606

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Vice President (P) ☒ Change ☐ Addition

2.2 NAME

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 Secretary (P) ☒ 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: Roy Lee Paul - Roy Lee Paul - President

7-30-96

(813) 865-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)