FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # N9500005705 (7)

EL SHADDAI FULL GOSPEL CHURCH INDOOR OUTDOOR MIN ISTRY, INC.

Principal Place of Business ION MARKET SOUARE EAST LAKELAND FL 33813		Mailing Address P.O. BOX 90314 LAKELAND FL 33804					ł .			
							 Date Incorporated or Qualified 12/04/1995 	3a. Da	ite of Last R	
Principal Place of Business		2a. Mailing Address					4. FEI Number			oplied For
	26					59-3373955			ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	سننا	\$8.75 Additional Fee Required		
City & State	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Country	Zip		Cour	ntry		8. This corporation has liability for Florida Statutes	intangible t Yes E	ax under s. No	199.032,
25 Name and	Address of Current Re						10. Name and Address of New Registered Agent			
9, 140110 0110	Hadios of Calletin				61	Name				
EDWARDS, CECIL				}	82	Street Ar	odress (P.O. Box Number is Not Acceptate	ole)		
401 MARKET SQUARE				02	Officer Mornioga files (Son Latering)					
LAKELAND FL 33813	5 101			ſ	83					
DAILDAID I L COOL				-	84	City			85 Zip	Code
					- 1	1		FL		1 1 - 1
or registered agent, or both familiar with, and accept the				d by the c	orp	oration's b	poration submits this statement for the puloard of directors. I hereby accept the app	ointment a	s registered	agent. ram
Signature, typed or prin	nted name of registered agent and t	itte il applicable	(4)01	TE Registered	Age	nt signature rec	Lirea when reinstating)	DATE	C DISIERATA	DC INL 10
2.	OFFICERS AND D	RECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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NAME 1077	HIDDEN D	RWE	_	- 1		E1 ADDRESS			$_{3}$	'h
STREET ADDRESS	AND FLA	1, 230	09 (D) L	CITY	CT. 7ID	,	`_	/	12-
14 Ldo bereby certify that th	e information supplied wit	th this filing is vo	oluntarily fur	hished an	d do	oes not qua	I. alify for the exemption stated in Section 1 occurate and that my signature shall have t	19.07(3)(k),	Florida Stati	utes. I further
certify that the information oath; that I am an officer appears in Block 12 or B	n indicated on this annual or director of the corpora lock 13 if changed, or on	report or supplition or the rece an attachment	emental and iver or trusto with an add	nual repor ee empow dress.	t is vere	true and add to execut	courate and that my signature shall have the this report as required by Chapter 617,	Florida Sta	tutes; and t	hat my name