

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 13 1998 8:00am  
Secretary of State

DOCUMENT # N95000005705 (7)

1. Corporation Name

EL SHADDAI FULL GOSPEL CHURCH INDOOR OUTDOOR MINISTRY, INC.

Principal Place of Business

Mailing Address

401 MARKET SQUARE EAST  
LAKELAND FL 33813

P.O. BOX 90314  
LAKELAND FL 33804

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

59-3373955

☒ Applied For

☐ Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, CECIL  
401 MARKET SQUARE EAST  
LAKELAND FL 33813

81 Name

EDWARDS, CECIL

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

401 MARKET SQUARE EAST

83

84 City

LAKELAND

FL

85 Zip Code

33813

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D PASTOR ☐ DELETE

NAME EDWARDS, CECIL  
STREET ADDRESS 401 MARKET SQUARE EAST  
CITY-ST-ZIP LAKELAND FL 33813

1.1 TITLE D

1.2 NAME EDWARDS, RHONDA  
1.3 STREET ADDRESS 401 MARKET SQUARE EAST  
1.4 CITY-ST-ZIP LAKELAND, FL 33813

TITLE V D ☐ DELETE

NAME BURNEY, RUDOLPH  
STREET ADDRESS 1119 APOLLO CT.  
CITY-ST-ZIP LAKELAND FL 33809

2.1 TITLE T

2.2 NAME ODOM, DEBORAH  
2.3 STREET ADDRESS 1530 CANDYCE ST  
2.4 CITY-ST-ZIP LAKELAND, FL 33801

TITLE D ☐ DELETE

NAME ODOM, JERRY  
STREET ADDRESS 1530 CANDYCE ST.  
CITY-ST-ZIP LAKELAND FL 33801

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MCCLOUD, JULIA  
STREET ADDRESS 3620 N. FLORIDA AVE.  
CITY-ST-ZIP LAKELAND FL 33805

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME ELLIS, DARLENE  
STREET ADDRESS 2802 TIMBER CREEK LOOP W.  
CITY-ST-ZIP LAKELAND FL 33809

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DAVIS, VICKI  
STREET ADDRESS 1077 HIDDEN DR  
CITY-ST-ZIP LAKELAND FL 33809

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

Pastor Cecil L. Edwards

3-17-98 941-619-8005

CR2E037 (10/97)