

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005705

1. Entity Name

ELSHADDAI FULL GOSPEL CHURCH
INDOOR OUTDOOR MINISTRY

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90031 050 ****70.00

Principal Place of Business

Mailing Address

2034 WINDWARD PASS
LAKELAND, FLORIDA 33813

P.O. BOX 90314
LAKELAND, FL
33804-0314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373455

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS, CECIL L.

7. Name and Address of New Registered Agent

Name

EDWARDS, CECIL L.

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

2034 WINDWARD PASS

L

City

LAKELAND

FL

Zip Code

33813-2077

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME RD
STREET ADDRESS EDWARDS, CECIL L.
CITY-ST-ZIP 2034 WINDWARD PASS
LAKELAND, FL. 33813-2077

TITLE ☐ Delete
NAME D-V
STREET ADDRESS EDWARDS, RHONDA
CITY-ST-ZIP 2034 WINDWARD PASS
LAKELAND, FL. 33813-2077

TITLE ☐ Delete
NAME S-T
STREET ADDRESS DAVIS, VICKI
CITY-ST-ZIP 1077 HIDDEN DR.
LAKELAND, FL. 33809

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCLLOUD, JULIA
CITY-ST-ZIP 3620 N. FLORIDA AVE.
LAKELAND, FL. 33805

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

TITLE ☒ Delete
NAME D
STREET ADDRESS ODOM, DEBORAH
CITY-ST-ZIP 1530 CANDYCE ST.
LAKELAND, FL. 33801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D-M
STREET ADDRESS HIGHSMITH, DEIDRE
CITY-ST-ZIP 1322 FAIRBANKS AVE.
LAKELAND, FL. 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- 2000 863-619-8005

CR2E037 (9/99)