

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005705

1. Entity Name

EL SHADDAI FULL GOSPEL CHURCH INDOOR OUTDOOR MIN

Principal Place of Business

2034 WINDWARD PASS
LAKELAND FL 33813

Mailing Address

P.O. BOX 90314
LAKELAND FL 33804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EDWARDS, CECIL
2034 WINDWARD PASS
LAKELAND FL 33813-2077

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

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

TITLE DV ☐ Delete
NAME EDWARDS, RHONDA
STREET ADDRESS 2034 WINDWARD PASS
CITY-ST-ZIP LAKELAND FL 33813

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Change ☒ Addition
NAME HIGHSMITH, DEIDRE
STREET ADDRESS 1322 FAIRBANKS AVE.
CITY-ST-ZIP 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
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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 #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91161 013 ****70.00

00041000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3373955
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (10/00)