

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90052 039 \*\*\*\*70.00

**DOCUMENT # N95000005705**

1. Entity Name

**EL SHADDAI FULL GOSPEL CHURCH INDOOR OUTDOOR  
MINISTRY, INC.**



Principal Place of Business

**1529 S. COMBEE RD.  
LAKELAND FL 33801**

Mailing Address

**1529 S. COMBEE RD.  
LAKELAND FL 33801**

2. Principal Place of Business

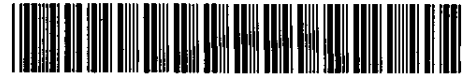
**1529 S. COMBEE RD.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 90314**

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

**LAKELAND, FL. 33801**

Zip

**33801**

Country

**TOLK**

City & State

**LAKELAND, FL.**

Zip

**33804-0314**

Country

**TOLK**

4. FEI Number

**59-3373955**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**CECIL L. EDWARDS**

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

**1529 S. COMBEE RD.**

City

**LAKELAND**

FL

Zip Code

**33801**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE DT ☐ Delete  
NAME HIGHSMITH, DEIDRE  
STREET ADDRESS 1322 FAIRBANKS AVE  
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Delete  
NAME MCCLLOUD, 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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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:

**Cecil L. Edwards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/04**

Date

**863 619-8005**

Daytime Phone #