

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90095 019 ****70.00

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



Principal Place of Business
**1543 S. COMBEE RD.
LAKELAND, FL 33801**

Mailing Address
**PO BOX 90314
LAKELAND, FL 33801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3373955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, CECIL L.
1529 S. COMBEE RD.
LAKELAND, FL 33801

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. 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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **MCCLOUD, ALMA TUCKER**
STREET ADDRESS **3620 N. FLORIDA AVENUE**
CITY-ST-ZIP **LAKELAND, FL 33805**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **DAVIS, VICKI JOHNSTONE**
STREET ADDRESS **1077 HIDDEN DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Delete
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 exemptions contained in Chapter 119, 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:

Pastor Cecil L. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 (863) 667-3696
Date Daytime Phone #