

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005705

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



04102007 No Chg-NP

CR2E037 (4/06)

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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
1529 S. COMBEE RD.
LAKELAND, FL 33801

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME MCCLOUD, ALMA T
STREET ADDRESS 3620 N. FLORIDA AVE.
CITY-ST-ZIP LAKELAND, FL 33805

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000731051
05/08/07-80105-004 70.00

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 11, 07 (863) 233-2401