

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005705

FILED
Apr 27, 2008
Secretary of State

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

Current Principal Place of Business:

1543 S. COMBEE RD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 90314
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3373955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EDWARDS, CECIL
2034 WINDWARD PASS
LAKELAND, FL 33813 US

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: _____

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, CECIL L
Address: 2034 WINDWARD PASS
City-St-Zip: LAKELAND, FL 33813

Title: DT () Delete
Name: HIGHSMITH, DEIDRE
Address: 1322 FAIRBANKS AVE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: MCCLOUD, ALMA T
Address: 3620 N. FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33805

Title: DV () Delete
Name: EDWARDS, RHONDA
Address: 2034 WINDWARD PASS
City-St-Zip: LAKELAND, FL 33813

Title: ST () Delete
Name: DAVIS, VICKI J
Address: 1077 HIDDEN DR
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HIGHSMITH, DEIDRE
Address: 911 WEST 9TH STREET
City-St-Zip: LAKELAND, FL 33805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DAVIS, VICKI J
Address: 3958 ROLLINGSFORD CIRCLE
City-St-Zip: LAKELAND, FL 338010

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR CECIL L. EDWARDS

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date