

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90202 034 \*\*\*\*70.00

**DOCUMENT # N95000005705**

1. Entity Name

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



Principal Place of Business

**2034 WINDWARD PASS  
LAKELAND FL 33813**

Mailing Address

**P.O. BOX 90314  
LAKELAND FL 33804**

2. Principal Place of Business

**1529 S. COMBEE RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

City & State

4. FEI Number **59-3373955**

Applied For

Not Applicable

Zip

**FL 33801**

Country

**USA**

Zip

**33804**

Country

**USA**

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

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

**FILE NOW: FEE IS \$61.25**

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 **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**

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  
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CITY-ST-ZIP

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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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-03 863-619-8005**

CR2E037 (10/02)