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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000722

1. Corporation Name

EL SHADDAI MINISTRIES OF FLORIDA, INC.

Principal Place of Business

1151 EMMA LANE
LEESBURG FL 34748

Mailing Address

1151 EMMA LANE
LEESBURG FL 34748



2. Principal Place of Business

21 **809 E. 8th Ave**

Suite, Apt. #, etc.

22 **Mount Dora, FL**

City & State

23 **32757 Lake**

Zip

Country

24

2a. Mailing Address

26 **809 E. 8th Ave**

Suite, Apt. #, etc.

27 **Mount Dora, FL**

City & State

28 **32757 Lake**

Zip

Country

29

30

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

59-3365785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
900 W HIGHWAY 50
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

Beth Bauder

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

14330 Beverly Dr.

83

84 City

Astatula

FL

85 Zip Code

34705

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Dorothy Beth M. Bauder**
Signature, typed or printed name of registered agent and title if applicable.

Dorothy Beth M. Bauder
(NOTE: Registered Agent signature required when reinstating)

4-9-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PVP** ☒ DELETE
NAME **MOSS, JAMES D**
STREET ADDRESS **1151 EMMA LANE**
CITY-ST-ZIP **LEESBURG FL**

TITLE **STD** ☒ DELETE
NAME **MOSS, VIOLA K**
STREET ADDRESS **1151 EMMA LANE**
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE
NAME **CHRISTENSEN, ELAINE A.**
STREET ADDRESS **19624 QUAIL'S NEST RUN**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **S** ☐ DELETE
NAME **BODIFORD, VENUS JO**
STREET ADDRESS **31244 ORANGE STREET**
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **D** ☒ DELETE
NAME **SHOFFSTALL, PETER**
STREET ADDRESS **10218 MISTY MEADOWS**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☒ DELETE
NAME **SHOFFSTALL, MARIANNE**
STREET ADDRESS **10218 MISTY MEADOWS**
CITY-ST-ZIP **LEESBURG FL 34788**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☒ Addition
1.2 NAME **Keith McIlvain**
1.3 STREET ADDRESS **809 E. 8th Ave.**
1.4 CITY-ST-ZIP **Mount Dora, FL 32757**

2.1 TITLE **VST** ☒ Change ☒ Addition
2.2 NAME **Bethany McIlvain**
2.3 STREET ADDRESS **809 E. 8th Ave.**
2.4 CITY-ST-ZIP **Mount Dora, FL 32757**

3.1 TITLE **Tr** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Tr** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Apr 9, 1999 407-293-6810
Date Daytime Phone #

CR2E037 (11/98)