

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000722

1. Entity Name

EL SHADDAI MINISTRIES OF FLORIDA, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90167 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

809 E 8 AVE  
MT DORA FL 32757

809 E 8 AVE  
MT DORA FL 32757-5010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3365785

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

BAUDER, BETH  
14330 BEVERLY DR  
ASTATULA FL 34705

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTR ☐ Delete  
NAME MCILVAIN, KEITH  
STREET ADDRESS 809 E 8 AVE  
CITY-ST-ZIP MT DORA FL 32757

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

TITLE VST ☐ Delete  
NAME MCILVAIN, BETHANY  
STREET ADDRESS 809 E 8 AVE  
CITY-ST-ZIP MT DORA FL 32757

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

TITLE TR ☒ Delete  
NAME CHRISTENSEN, ELAINE A.  
STREET ADDRESS 19624 QUAIL'S NEST RUN  
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE TR ☐ Delete  
NAME BODIFORD, VENUS JO  
STREET ADDRESS 31244 ORANGE STREET  
CITY-ST-ZIP SORRENTO FL 32776

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)