

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

Apr 25, 2001 8:00 am
Secretary of State

03-29-2001 90354 020 ****61.25

DOCUMENT # N96000000722

1. Entity Name

EL SHADDAI MINISTRIES OF FLORIDA, INC.

Principal Place of Business

809 E 8 AVE
MT DORA FL 32757

Mailing Address

809 E 8 AVE
MT DORA FL 32757

2. Principal Place of Business

3647 Bream Cir

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

City & State

FL

Zip

34731

Country

USA

Zip

Country

4. FEI Number

59-3365785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUDER, BETH
14330 BEVERLY DR
ASTATULA FL 34705

7. Name and Address of New Registered Agent

Name Viola K. Moss

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

3647 Bream Circle

City

Fruitland Park

FL

Zip Code

34731

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 Viola K. Moss V.P. Pres. Viola K. Moss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

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

TITLE	PTR	<input checked="" type="checkbox"/> Delete
NAME	MCILVAIN, KEITH	
STREET ADDRESS	809 E 8 AVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	MCILVAIN, BETHANY	
STREET ADDRESS	809 E 8 AVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BODIFORD, VENUS JO	
STREET ADDRESS	31244 ORANGE STREET	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James D. Moss	
STREET ADDRESS	3647 Bream Circle, Fruitland Park, FL	
CITY-ST-ZIP	34731	
TITLE	Vice-President, Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Viola K. Moss	
STREET ADDRESS	3647 Bream Circle	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	Secretary (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Venus Bodiford	
STREET ADDRESS	31244 Orange St.	
CITY-ST-ZIP	Sorrento FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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: Viola K. Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

352-315-9518

Daytime Phone #

CR2E037 (10/00)