

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N96000001819*

1. Corporation Name

The El-Shaddai House Incorporated

Principal Place of Business

Mailing Address

FILED

97 SEP 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <i>2855 Apalachee Pkwy E-214</i>		26		4. FEI Number <i>59-3398613</i>		Applied For Not Applicable	
22 <i>Tallahassee</i>		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 <i>Florida</i>		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 <i>32301</i>		25 <i>Leon</i>		29		30	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Helen D. McCray
2855 Apalachee Pkwy E-214
Tallahassee, FL 32301

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Director/President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Helen D. McCray</i>	1.2 NAME	<i>500002307918-1</i>
STREET ADDRESS	<i>2855 Apalachee Pkwy E-214</i>	1.3 STREET ADDRESS	<i>-09/30/97--01063--005</i>
CITY-ST-ZIP	<i>Tallahassee FL 32301</i>	1.4 CITY-ST-ZIP	<i>*****61.25 *****61.25</i>
TITLE	<i>Vice President/Director</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Darryl Weathers</i>	2.2 NAME	
STREET ADDRESS	<i>4455-A Terrace St</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tallahassee FL 32304</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Secretary/Director</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Felicia McHair</i>	3.2 NAME	
STREET ADDRESS	<i>2535 W. Tennessee St #208</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Tallahassee FL 32301</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Helen D. McCray Director/President* 9-30/97 576-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)

(2)

The El-Shaddai House Inc.
2855 Apalachee Parkway E-214
Tallahassee, FL 32301
(850) 656-1424

September 30, 1997

To Divisions of Corporations:

I Helen McCray came into this office to have an address changed. I have not received any forms informing me of annual report due from this office.

Thank you


Helen McCray

Director of the El-Shaddai House, Inc.