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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 JUN -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001819 0K

1. Corporation Name

Hi El Shaddai House

Principal Place of Business	Mailing Address
P.O. Box 5921 Tallahassee, Fl 32314	P.O. Box 5921 Tallahassee, Fl. 32314

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 5921	3. Date Incorporated or Qualified April 3, 1996 (1996)
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3398613 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tall, Fl.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32314 30 Leon	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Helen D. McCray 1950 N. Point Blvd 912 Tallahassee, Fl 32310	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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Founder / D. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Helen D. McCray	1.2 NAME	
STREET ADDRESS	P.O. Box 5921 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tall, Fl 32314	1.4 CITY-ST-ZIP	
TITLE	V.P.D. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Darryl Weathers	2.2 NAME	
STREET ADDRESS	1125-A Terrace St	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tall, Fl 32304	2.4 CITY-ST-ZIP	
TITLE	S.D. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Felecia McInnis	3.2 NAME	
STREET ADDRESS	7535 W. Tennessee St #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tall, Fl 32304	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Helen D. McCray 4/15/99 850-576-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #