

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # N97000001105 (2)

1. Corporation Name

EL SHADDAI PRESBYTERIAN CHURCH MINISTRY INC.



Principal Place of Business

Mailing Address

3085 CYPRESS GARDEN RD
WINTER HAVEN FL 33884

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WINTER HAVEN FL 33884

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6230 CYPRESS GARDEN BLVD

26 6034 LAKE RUTH DR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

City & State

23 WINTER HAVEN FL

28 DUNDEE, FL

Zip

Country

Zip

Country

24 33881

25 POLK

29 33838

30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEAN-BART, LEOPOLD
800 AVE K SE #178
WINTER HAVEN FL 33880

81 Name JEAN-BART LEOPOLD

82 Street Address (P.O. Box Number is Not Acceptable)
6034 LAKE RUTH DR W.

84 City DUNDEE

FL

85 Zip Code 33838

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 Leopold Jean Bart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D LEOPOLD JEAN-BART
STREET ADDRESS 6034 LAKE RUTH DR W
CITY-ST-ZIP DUNDEE, FL 33838

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D LEOPOLD JEAN-BART
1.3 STREET ADDRESS 6034 LAKE RUTH DR W
1.4 CITY-ST-ZIP DUNDEE FL 33838

TITLE ☐ DELETE
NAME T MARIE SHELLA ST-GERMAIN
STREET ADDRESS 6012 LAKE RUTH DR E.
CITY-ST-ZIP DUNDEE FL 33838

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME T MARIE SHELLA SAINT GERMAIN
2.3 STREET ADDRESS 6012 LAKE RUTH DR W.
2.4 CITY-ST-ZIP DUNDEE FL 33838

TITLE ☐ DELETE
NAME T SETH BAIN
STREET ADDRESS 409 PARKER LN N.E.
CITY-ST-ZIP WINTER HAVEN, FL 33881

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T SETH BAIN
3.3 STREET ADDRESS 409 PARKER LN
3.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(l), 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:

Signature and typed or printed name of signing officer or director

7/13/98

Date

Daytime Phone #

CR2E037 (5/98)