


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90028 001 \*\*\*\*61.25

**DOCUMENT # N98000000171**

1. Entity Name  
**ELIJAH'S CUP OF MERCY INTERNATIONAL, INC.**



Principal Place of Business  
**5315 MONTEREY CIRCLE  
 #54  
 DELRAY BEACH, FL 33484**

Mailing Address  
**PO BOX 915168  
 LONGWOOD, FL 32791-5168 US**

40012950



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3484305**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**LAPCHUK, OXANA  
 1693 IMPERIAL PALM DR  
 APOPKA, FL 32712**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIAH, MIRI PO BOX 692 TIBERIAS 14106, ISRAEL. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCUM, GABRIELLA 5315 MONTEREY CIRCLE #54 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPCHUK, OXANA 1693 IMPERIAL PALM DR APOPKA, FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZIC, RAYMOND 812 W. LINEBAUGH AVE., #308-B TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGER, MELINDA PO BOX 5488 WASHINGTON, DC 20016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMLEY, GENE 579 W SPRINGTREE WAY LAKE MARY, FL 32746 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ MARCUM, GABRIELLA P.O. Box 44744 EDEN PRAIRIE, MN 55344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deceased <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Seefeldt, Melinda 712 S. GRAND Hwy. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Rumley, Gene P.O. Box 950760 LAKE MARY, FL 32795 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Oxana Lapchuk* **OXANA LAPCHUK** 2/07/2007 407-884-0427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40012950

#19800000171

Additions to Board of Directors for Elijah's Cup of Mercy, International, Inc.

Director  
Rumley, Arlene  
P.O. Box 950760  
Lake Mary, FL 32795

Director  
Pittman, Grace  
2410 S. Palmetto Avenue  
Sanford, FL 32771

Director  
Pittman, Jay  
2410 S. Palmetto Avenue  
Sanford, FL 32771

Director  
Timsit, Yael  
P.O. Box 692  
Tiberias 14106, Israel