


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90043 037 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3484305	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAPCHUK, OXANA 1693 IMPERIAL PALM DR APOPKA, FL 32712			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCUM, GABRIELLA P.O. BOX 44744 EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEEFELDT, MELINDA 712 S. GRAND HWY CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMLEY, GENE P.O. BOX 950760 LAKE MARY, FL 32795 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Rumley, Gene 539 Wekiwa Crest Ct. Apopka, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Rumley Arlene 539 Wekiwa Crest Ct. Apopka, FL 32712		
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: <u>Oxana Lapchuk</u> OXANA LAPCHUK 02/20/2008 407-884-0427 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Additions

-2-

ATTACHMENT

40030966

#N98000006171

7. Director
Grace Pittman
2410 S. Palmetto Ave.
Sanford, FL 32771
8. Director
JAY Pittman
2410 S. Palmetto Ave.
Sanford, FL 32771
9. Director
Yael Moriah-Timsit
P.O. Box 692, Tiberias, 14106, ISRAEL
10. Director
Chana Rummell
36831 Beth Ave.
Zephyrhills, FL 33542