

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT -9 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292008 Chg-NP CR2E037 (12/06)

DOCUMENT # N9800000171			
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	
Zip		Zip	
Country		Country	
4. FEI Number 59-3484305		Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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, and Director 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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, and Director 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 400136894804 10/14/08--01013--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, and Director 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 539 WEKIWA CREST CT 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	D RUMLEY, ARLENE 539 WEKIWA CREST CT APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u><i>Oxana Lapchuk Oxana Lapchuk, Director</i></u> 10/1/08 407-894-5335			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

**ADDENDUM TO AMENDED UNIFORM BUSINESS REPORT
FOR
ELIJAH'S CUP OF MERCY INTERNATIONAL, INC.**

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Document Number: N98000000171

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The following individuals also serve as Directors for the above-referenced corporation:

**GRACE PITTMAN, DIRECTOR
2410 S. Palmetto Avenue
Sanford, FL 32771**

**JAY PITTMAN, DIRECTOR
2410 S. Palmetto Avenue
Sanford, FL 32771**

**Yael MORIAH-TIMSIT, DIRECTOR
PO Box 692, Tiberius, 14106, Israel**

**CHANA RUMRELL, DIRECTOR
36831 Beth Ave.
Zephyrhills, FL 33542**