2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000171

FILED Feb 09, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5315 MONTEREY CIRCLE 1693 IMPERIAL PALM DRIVE APOPKA, FL 32712 DELRAY BEACH, FL 33484 **New Mailing Address: Current Mailing Address:** PO BOX 915168 LONGWOOD, FL 327915168 US FEI Number: 59-3484305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPCHUK, OXANA 1693 IMPERIAL PALM DR APOPKA, FL 32712 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORIAH, MIRI Name: Name: PO BOX 692 Address: Address: City-St-Zip: TIBERIAS 14106, ISRAEL. City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete MARCUM, GABRIELLA Name: MARCUM, GABRIELLA Name: Address: P.O. BOX 44744 Address: P.O. BOX 179 City-St-Zip: EDEN PRAIRIE, MN 55344 City-St-Zip: ZIMMERMAN, MN 55398 US Title: () Delete Title: SD (X) Change () Addition LAPCHUK, OXANA LAPCHUK, OXANA Name: Name: 1693 IMPERIAL PALM DR 1693 IMPERIAL PALM DR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 US Title: TD () Delete Title: TD (X) Change () Addition Name: SEEFELDT, MELINDA Name: SEEFELDT, MELINDA 712 S. GRAND HWY Address: Address: 3206 SE ASTER LANE, #R-106 City-St-Zip: CLERMONT, FL 34711 City-St-Zip: STUART, FL 34994 US Title: () Delete Title: () Change () Addition RUMLEY, GENE Name: Name: 539 WEKIWA CREST CT Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: () Change () Addition RUMLEY, ARLENE Name: Name: Address: 539 WEKIWA CREST CT Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OXANA LAPCHUK SEC 02/09/2009