

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:

5315 MONTEREY CIRCLE
#54
DELRAY BEACH, FL 33484

New Principal Place of Business:

1693 IMPERIAL PALM DRIVE
APOPKA, FL 32712 US

Current Mailing Address:

PO BOX 915168
LONGWOOD, FL 327915168 US

New Mailing Address:

FEI Number: 59-3484305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPCHUK, OXANA
1693 IMPERIAL PALM DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MORIAH, MIRI
Address: PO BOX 692
City-St-Zip: TIBERIAS 14106, ISRAEL,

Title: VD () Delete
Name: MARCUM, GABRIELLA
Address: P.O. BOX 44744
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: SD () Delete
Name: LAPCHUK, OXANA
Address: 1693 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: SEEFELDT, MELINDA
Address: 712 S. GRAND HWY
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: RUMLEY, GENE
Address: 539 WEKIWA CREST CT
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: RUMLEY, ARLENE
Address: 539 WEKIWA CREST CT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MARCUM, GABRIELLA
Address: P.O. BOX 179
City-St-Zip: ZIMMERMAN, MN 55398 US

Title: SD (X) Change () Addition
Name: LAPCHUK, OXANA
Address: 1693 IMPERIAL PALM DR
City-St-Zip: APOPKA, FL 32712 US

Title: TD (X) Change () Addition
Name: SEEFELDT, MELINDA
Address: 3206 SE ASTER LANE, #R-106
City-St-Zip: STUART, FL 34994 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

SEC

02/09/2009

_____ Date