

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003655

1. Entity Name
EL SHADDAI MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
11303 N.W. 13TH AVENUE
MIAMI, FL 33161 US

Mailing Address
13651 SOUTH BISCAYNE RIVER DRIVE
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
31-1633120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ST GERMAIN, SHARON
13651 S BISCAYNE RIVER DRIVE
MIAMI, FL 33161

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ST GERMAN, JEAN D
STREET ADDRESS 13651 S BISCAYNE RIVER DR
CITY-ST-ZIP MIAMI, FL 33161

TITLE D
NAME KELSO, BRIAN
STREET ADDRESS 4700 SW 188TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33332

TITLE D
NAME MALLOCH, GARY
STREET ADDRESS 8735 CASA GRANDE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE D
NAME ST GERMAIN, BRESILE
STREET ADDRESS 15041 SW 141 LANE
CITY-ST-ZIP MIAMI, FL 33198

TITLE D
NAME PAPPAS, MICHAEL
STREET ADDRESS 1 SE 3RD AVE STE 1100
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME MCMILLAN, MICHAEL
STREET ADDRESS 411 SEASIDE LANE
CITY-ST-ZIP JUNO BEACH, FL 33408

U00000505749
04/26/06-80128-013 70.00

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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 to an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06

Date

786-543-2004

Daytime Phone If