

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90165 019 \*\*\*\*70.00

**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

60032531



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
P  
ST GERMAN, JEAN D  
13651 S BISCAYNE RIVER DR  
MIAMI, FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHARD KERN  
23050 S.W. 156 AVENUE  
MIAMI, FL 33170 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JUGNACE JOSEPH  
11303 NE 13TH AVE  
MIAMI, FL 33161 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MALLOCH, GARY  
6735 CASA GRANDE WAY  
DELRAY BEACH, FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOSEPH KNITTING  
3000 NW 50 STREET  
KANSAS CITY, MO 64150 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ST GERMAIN, BRESILE  
15041 SW 141 LANE  
MIAMI, FL 33196 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALAN DIETRICH  
3000 NW 50 STREET  
KANSAS CITY, MO 64150 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ 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:

*Sharon St. Germain*

04/28/04

305-688-0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #