

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002421

1. Entity Name

EL SHADDI MINISTRIES OF AMERICA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-17-2000 90044 005 ****61.25

Principal Place of Business

9851 THOMAS DR., STE. 209
PANAMA CITY FL 32401

Mailing Address

9851 THOMAS DR., STE. 209
PANAMA CITY FL 32408-4247

2. Principal Place of Business

9851 Thomas DR.

Suite, Apt. #, etc.

Suite 209

City & State

Panama City Beach, FL

Zip

32408

Country

U.S.A.

3. Mailing Address

9851 Thomas DR.

Suite, Apt. #, etc.

Suite 209

City & State

Panama City Beach, FL

Zip

32408

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1679351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, HENRY L ESQ.
432 MCKENZIE AVE.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAIMAN, ELIZABETH B LCSW	
STREET ADDRESS	9851 THOMAS DR., STE. 209	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D PRESIDENT	<input type="checkbox"/> Delete
NAME	LEASE, LINDA	
STREET ADDRESS	9851 THOMAS DR., STE. 209	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ED F. LEASE	
STREET ADDRESS	9851 THOMAS DR., STE. 209	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA FOWERS LEASE

4/11/00

Date

(88) 234-0093

Daytime Phone #

CR2007 (9/99)