

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90062 039 ****61.25

DOCUMENT # N99000002421

1. Entity Name

EL SHADDI MINISTRIES OF AMERICA, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

101 WINDWARD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PANAMA CITY BEACH, FL

City & State

4. FEI Number

31-1379351

Applied For

Not Applicable

Zip
32413

Country
USA

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAIMAN, ELIZABETH B LCSW
9851 THOMAS DR., STE. 209
PANAMA CITY FL 32401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**101 WINDWARD COURT
PANAMA CITY BEACH, FL 32413** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEASE, LINDA
9851 THOMAS DR., STE. 209
PANAMA CITY FL 32401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME AS ABOVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LEASE, ED F
9851 THOMAS DR STE 209
PANAMA CITY FL 32408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME AS ABOVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ 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 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

Date

Daytime Phone #

(LINDA JOWERS LEASE) 1/18/01 234-1570

CR2E037 (10/00)